



TEMPLE EMANUEL OF NORTH JERSEY
558 HIGH MOUNTAIN ROAD, FRANKLIN LAKES, NJ 07417
201-560-0200
APPLICATION FOR MEMBERSHIP

Date: _____

Name(s) to use on mailing labels: _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Home Fax _____
E-Mail(s) _____

ADULT #1

Name _____ Date of birth _____
Business address _____
Business phone _____ Mobile phone _____
Email Address _____
Former Synagogue affiliation _____
Hebrew Name _____
Kohen ___ Levi ___ Israelite ___
Marital Status (optional) _____ Anniversary (if applicable) _____
Jewish by Birth _____ Jewish By Choice _____ Non-Jewish Spouse _____

ADULT #2

Name _____ Date of birth _____
Business address _____
Business phone _____ Mobile phone _____
Email Address _____
Former Synagogue affiliation _____
Hebrew Name _____
Kohen ___ Levi ___ Israelite ___
Marital Status (optional) _____ Anniversary (if applicable) _____
Jewish by Birth _____ Jewish By Choice _____ Non-Jewish Spouse _____

CHILDREN

First Name _____ Last Name _____

Hebrew Name _____ Sex _ M _ F Birth Date _____

School _____ Grade _____

Will they be enrolled in the TENJ Hebrew School? ___ Yes ___ No

Address (if different from yours):

Phone (if different) _____

E-mail address (if you want your child to receive e-mail from the synagogue/ youth group)

First Name _____ Last Name _____

Hebrew Name _____ Sex _ M _ F Birth Date _____

School _____ Grade _____

Will they be enrolled in the TENJ Hebrew School? ___ Yes ___ No

Address (if different from yours):

Phone (if different) _____

E-mail address (if you want your child to receive e-mail from the synagogue/ youth group)

First Name _____ Last Name _____

Hebrew Name _____ Sex _ M _ F Birth Date _____

School _____ Grade _____

Will they be enrolled in the TENJ Hebrew School? ___ Yes ___ No

Address (if different from yours):

Phone (if different) _____

E-mail address (if you want your child to receive e-mail from the synagogue/ youth group)

Skills & Experiences

Previous Jewish education (Hebrew school, day school, high school, college)	(Adult #1 name)	(Adult #2 name)
Reading Torah (Also, please list portion(s) that you already know)		
Reading Haftorah (Also, please list portion(s) that you already know)		
Leading Services (Please list service(s) that you already know)		
Artistic skills (Singing, musical instruments, shofar blowing, arts or crafts, etc.)		
Computer skills (Database, Web site design, other)		
Publishing skills (Newsletters, Bulletin design, other)		
Other		

Yahrzeit Information

If you would like to be reminded of the anniversary of the death of a loved one:

Name of deceased	Related to whom?	Relation-ship	Date of death	Died before sundown?*	Hebrew name

*Note: The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.

Synagogue Committee Interests

(Please indicate which person is interested in each committee you select):

Adult Education

Social/Entertainment

Finance/Budget

Hebrew School

Social Action/Hesed

Bulletin/Public Relations

Ritual

Membership

Building/House

How did you learn about Temple Emanuel of North Jersey?

*Temple Emanuel of North Jersey
558 High Mountain Road
Franklin Lakes, NJ 07417*

I/we hereby apply for membership in Temple Emanuel of North Jersey and I/we agree to conform to the Constitution and By-Laws of the Congregation.

_____ Date _____

_____ Date _____

For office use:

Interviewed by _____

Sent notification of membership _____