



Rabbi Ken Brodtkin

**MEMBERSHIP APPLICATION**

Applicant's Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi		Spouse's Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi	
Address:		City:	State:
Home Telephone Number:			
Cell Phone Number:		Spouse's Cell Phone #:	
E-mail Address:		Spouse's E-mail Address:	
Date of Birth:		Spouse's Date of Birth:	
Wedding Date:			
Applicant's Occupation/Position:		Spouse's Occupation/Position:	
Applicant's Business Address:		Spouse's Business Address:	
Applicant's Business Phone:		Spouse's Business Phone:	
Applicant's Hebrew Name:		Spouse's Hebrew Name:	
Applicant's Father's Hebrew Name:		Spouse's Father's Hebrew Name:	
Applicant's Mother's Hebrew Name:		Spouse's Mother's Hebrew Name:	
Applicant's Previous Hebrew Education:		Spouse's Previous Hebrew Education:	
Applicant: I am a (please check) <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite		Spouse: I am a (please check): <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	
Applicant's Religious Background: <input type="checkbox"/> Orthodox <input type="checkbox"/> Traditional <input type="checkbox"/> Conservative <input type="checkbox"/> Reform		Spouse's Religious Background: <input type="checkbox"/> Orthodox <input type="checkbox"/> Traditional <input type="checkbox"/> Conservative <input type="checkbox"/> Reform	
Applicant's Bar/Bat Mitzvah Date:		Spouse's Bar/Bat Mitzvah Date:	
Past Congregational Affiliation:		City:	State:

**TYPE OF MEMBERSHIP REQUESTED**

Regular Membership     
  Parent/Child Membership     
  Single Membership  
 Married-Senior Citizen Membership (age 70+)     
  Single-Senior Citizen Membership (age 70+)



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**RELATIVES IN CONGREGATION**

Name:	Relationship:
Name:	Relationship:

**CHILDREN**

Name	Male/Female	Hebrew Name	Date of Birth	Bar/Bat Mitzvah Date

Do any children attend Jewish Day School?  Yes  No

Please list the name(s) of children attending Jewish Day School as well as the name of the school.

1. Name: \_\_\_\_\_ School: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ School: \_\_\_\_\_  
 3. Name: \_\_\_\_\_ School: \_\_\_\_\_

**Yahrzeit Information**

English Name of Deceased	Hebrew Name of Deceased	English Date of Death	Hebrew Date Of Death	Related to Whom	Relationship
		_____	_____		
		Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		
		_____	_____		
		Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		
		_____	_____		
		Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		
		_____	_____		
		Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		



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**COMMITTEE INTERESTS**

Applicant's Interests (Check Box)		Spouse's Interests (Check Box)	
<input type="checkbox"/> Men's Club	<input type="checkbox"/> Sisterhood	<input type="checkbox"/> Men's Club	<input type="checkbox"/> Sisterhood
<input type="checkbox"/> Youth	<input type="checkbox"/> Programming	<input type="checkbox"/> Youth	<input type="checkbox"/> Programming
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Bikur Cholim	<input type="checkbox"/> Ritual	<input type="checkbox"/> Bikur Cholim	<input type="checkbox"/> Ritual
<input type="checkbox"/> Finance	<input type="checkbox"/> House	<input type="checkbox"/> Finance	<input type="checkbox"/> House
<input type="checkbox"/> Membership	<input type="checkbox"/> Holocaust	<input type="checkbox"/> Membership	<input type="checkbox"/> Holocaust
<input type="checkbox"/> Bulletin (Voice)	<input type="checkbox"/> Publicity	<input type="checkbox"/> Bulletin (Voice)	<input type="checkbox"/> Publicity

**MISCELLANEOUS**

Do you or anyone in your family have any desire to lead services?

Do you or anyone in your family read Torah/Haftorah?

Do you or any member of your family have any special talents?

Would like to be contacted when there is a scheduled Synagogue Blood Drive?

**EMERGENCY CONTACTS**

1. Name:	Phone Number:	Relationship:
2. Name:	Phone Number:	Relationship:

*A building fund will be billed to you beginning in the 2<sup>nd</sup> year of your membership.  
Cemetery privileges will be available beginning in the 2<sup>nd</sup> year of membership (3<sup>rd</sup> year for seniors).*

*I hereby affirm that I wish to become a member of Congregation B'nai Israel, Manalapan, New Jersey. I agree to abide by the rules and regulations of the Congregation at all times.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is not final until approved by the Rabbi. \_\_\_\_\_ Date: \_\_\_\_\_

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CSI is offering a 25% reduction on dues for your first year of membership at the synagogue. Please check one of the following boxes:

- Please bill me for reduced dues with a 25% discount
- I'd like to donate the full amount of dues to support the important work of Congregation B'nai Israel

**FOR OFFICE USE ONLY**

Copies to:  Rabbi Ken Brodtkin  President  VP Membership  EC  Exec. Dir.  Men's Club/Sisterhood