



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 2nd year of your membership.
Cemetery privileges will be available beginning in the 2nd year of membership (3rd 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