



Society for the Advancement of Judaism
15 West 86th Street New York, NY 10024 (212) 724-7000

(for office use only)

Membership # _____ Family name _____

Thank you for asking for a membership application for The Society for the Advancement of Judaism, a synagogue affiliated with the Jewish Reconstructionist Federation. If you have any questions, please feel free to contact the Rabbi, Administrator, Chair of the Membership Committee, or Chair of the Board of Trustees by leaving a message at the office.

This application is for (check one)

____ **INDIVIDUAL** membership (adult applying for membership singly)

____ **FAMILY** membership (two or more adults living together or one or more adults living with non-adult children)

Date _____ Signature of Adult One _____

Date _____ Signature of Adult Two _____ (if application is for family membership)

PLEASE PRINT THE FOLLOWING:

First Adult:

Last Name _____ First _____ Middle Init. _____

Home Address _____ Apt, # _____ City _____ State _____ Zip _____

Home Phone _____ E-Mail _____ Fax _____

Personal status: Jewish* Yes _____ No _____

Second Adult: (if applicable for family membership)

Last Name _____ First _____ Middle Init. _____

Home Phone _____ E-Mail _____ Fax _____

Personal status: Jewish* Yes _____ No _____

* Please note: SAJ's definition of a Jew is 1) someone born of a Jewish parent who was raised Jewishly e.g. had a Jewish education. 2) a person who has converted to Judaism.

FIRST ADULT

Occupation
 Business Name
 Business Address
 Business Phone

SECOND ADULT

Name(s) of Child(ren)

Date of Birth

Living at home?

_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the practice of the SAJ to remind members by mail of dates of *yahrzeits*, birthdays, and anniversaries for *aliyot*. The following information is asked for that purpose:

Birthdates: First Adult: _____

Second Adult: _____

Anniversary of Marriage (if applicable): _____

Yahrzeit Information

Your Name	Name of Deceased (English or Hebrew Transliteration)	Date of Death (Secular or Jewish)	Relationship to You (e.g., write "father" for your father)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Particular Interests

Would you like to be contacted by an SAJ member active in any of the following:

Hebrew School _____

Social Action _____

Adult Education and Programming _____

Other _____

Do you have any ritual (e.g. Torah or Haftorah reading) or general (e.g. computer, graphics, cooking, etc.) skills that you would like us to know about? _____

Members known, if any: _____

Notice

Once an application for membership is accepted, the member is entitled to the rights of the membership (e.g., voting at meetings, serving on committees, etc.) and responsible for the obligations of membership (e.g., synagogue dues) as defined by the Bylaws of the Society for the Advancement of Judaism. Membership continues until the Congregation receives a written resignation or membership is otherwise terminated pursuant to the Constitution and By-Laws.

FOR OFFICE USE ONLY:

Membership accepted on _____ Dues category _____ Amount paid _____ Comments _____