



**Society for the Advancement of Judaism**  
**15 West 86<sup>th</sup> 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 and The United Synagogue of Conservative Judaism. 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.

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**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 \_\_\_\_\_