



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 SAJ- Judaism That Stands for All, a synagogue affiliated with Reconstructing 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.

FIRST ADULT

Occupation
Business Name
Business Address
Business Phone

SECOND ADULT

Children's Names:

Lives at Home?

Date of Birth

It is the practice of 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 _____ Adult Education and Programming _____
Social Action _____ Other _____

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

Members known, if any: _____

Photo Release

It is the practice of the SAJ to use photographs and video images of its members in its internal publications, including weekly e-newsletters, bulletin boards inside the SAJ, and slideshows and as well as external social media and its website, for the purpose of promoting the SAJ and its programs. By indicating yes, I hereby give permission to use such photographic and video material in its publications or other selected media.

Yes _____ No _____

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 _____