



Membership Application 5770, 2009-2010

"I come to show you a new way... that is ancient"
- Rabbi Nachman of Breslov

Please print clearly:

Name(s) to use on mailing label _____

Address _____

Phone (home) _____ Fax (home) _____

Phone (cell) _____

How did you hear about us? _____

ADULT 1

ADULT 2

Name _____

Name _____

Hebrew Name _____

Hebrew Name _____

Email _____

Email _____

Date of Birth _____

Date of Birth _____

How I identify: Traditional Reform Cultural

How I identify: Traditional Reform Cultural

Conservative Reconstructionist Non-Jewish

Conservative Reconstructionist Non-Jewish

Other: _____

Other: _____

Marital Status _____

Marital Status _____

Anniversary (if applicable) _____

Anniversary (if applicable) _____

Retired? _____

Retired? _____

Occupation _____

Occupation _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Business Fax _____

Business Fax _____

Organizations of which I am a member:

Organizations of which I am a member:

ADULT 1

ADULT 2

Yahrzeit Information Please list loved ones names, which will be read at Shabbat services during the Hebrew month that corresponds to the yahrzeit (anniversary of death).

Name _____	Name _____
Relationship _____	Relationship _____
Date of death (Day, Month, Year) _____ Die	Date of death (Day, Month, Year) _____
Died before sundown? _____	Died before sundown? _____
Hebrew date of death (if known) _____ He	Hebrew date of death death _____
N	Name _____
Name _____	Relationship _____
Relationship _____	Date of death (Day, Month, Year) _____
Date of death (Day, Month, Year) _____ Die	Died before sundown? _____
Died before sundown? _____	Hebrew date of death death _____
He	Name _____
Hebrew date of death (if known) _____	Relationship _____
Name _____	Date of death (Day, Month, Year) _____
Relationship _____	Died before sundown? _____
Date of death (Day, Month, Year) _____ Die	Hebrew date of death death _____
Died before sundown? _____	
He	
Hebrew date of death (if known) _____	

WHAT PASSIONS, INTERSTS OR SKILLS DO YOU HAVE THAT YOU WOULD LIKE TO EXERCISE AT THE NEW SHUL?

THE NEW SHUL IS A COMMUNITY WHOSE STRENGTH DEPENDS ON PARTICIPATION FROM ITS MEMBERS AND AGREE TO HELP WITH THE FOLLOWING. I'M HAPPY TO PARTICIPATE.

(Please select at least one):

ADULT 1 ADULT 2

- ___ ___ **Shabbat Mensch** (Help set up, clean up, greet people at services)
 - ___ ___ **Community Service** (Help us do something that will make a difference in the world)
 - ___ ___ **Fund Raising** (Help us get funds into our checkbook)
 - ___ ___ **Team Rishonim** (Take an active role in your child's education)
 - ___ ___ **Stuffing Envelopes, Schlepping, etc.** (Help us with our mailings, get supplies to and from events)
 - ___ ___ **Membership** (Help welcome new members into our community. This is a GREAT way to get involved!)
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FULL-TIME STUDENT INFORMATION (OVER 18)

School _____ **Expected year of graduation**

CHILDREN

Name _____

School _____ **Grade** _____

Date of birth _____ **Gender** _____

Name _____

School _____ **Grade** _____

Date of birth _____ **Gender** _____

Name _____

School _____ **Grade** _____

Date of birth _____ **Gender** _____

Name _____

School _____ **Grade** _____

Date of birth _____ **Gender** _____

Children's Address (if different from parent) _____

Children's Phone (if different from parent) _____

MEMBERSHIP DUES

Please enroll me/us in the following membership category:

- Individual
- Family
- Full-Time Student
- Associate (Living outside of the tri-state area)

I/We understand and accept the responsibilities of membership in The New Shul community. As part of that responsibility, I/we pledge my/our "Fair Share Dues" which I/we have determined (using the dues schedule) to be in the amount of

\$ _____.

Signature _____ Date _____

I/We want to support The New Shul with an additional tax-deductible contribution in the amount of (suggested 10% of dues):

\$ _____

Total Enclosed: \$ _____

Checks should be made payable to The New Shul, 505 8th Avenue, Suite 1212, NYC 10018.

Please return this Membership Application and at least 50% of the dues by August 15, 2009 so we can accurately plan for the High Holy Days.
The balance is due by September 1, 2009.

WELCOME TO THE NEW SHUL COMMUNITY!

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