



JEWISH CENTER OF NORTHWEST JERSEY

P.O. Box 2 • Washington, New Jersey 07882 • 908/689-0762

MEMBERSHIP APPLICATION

Please send completed application and check for dues & capital improvement fund to:
Cindy Wilson, 9 Setting Sun Drive, Hackettstown, NJ 07840

Date of application _____

Name of applicant(s) _____

Address _____

E-mail _____

Home phone _____ Cell phone _____

Marital status _____ If married, date of marriage _____

HOUSEHOLD MEMBERS (include yourself)

	Name	Hebrew name (includes names of parents, e.g., Sara bat Yosef v'Jehudit)	Date of birth	Occupation/ Grade in School
Adult				
Adult				
Child				
Child				
Child				
Other				
Other				

In which religious tradition were you raised? _____ Are there any religious traditions, other than Jewish ones, that your family currently observes in your home? _____

PAST SYNAGOGUE AFFILIATION

What was the name and location of the last Jewish congregation of which you were a member? _____

How many years did you belong to that congregation? _____ Why did you leave? _____

On what committees did you serve at your last synagogue? _____

What office(s), if any, did you hold? _____

As a URJ congregation, we need your confirmation that all financial obligations in your prior congregation have been met. Please confirm by initialing here: _____

OUR CONGREGATION

The Jewish Center of Northwest Jersey is a participatory congregation. On what committee(s) would you like to serve? Education House Ritual Sunshine Publicity Special Events Adult Education
Special skills, talents, hobbies (e.g., photography, teaching music, crafts, writing) that you could bring to our congregation: _____

Yahrzeit Records

English and Hebrew name of deceased	Relationship	Date of death

For questions, please e-mail jcnwjmembership@gmail.com or call the JCNWJ at 908-689-0762 and leave a message for Membership. One of our Membership Co-Chairs will contact you.