

QUEENS JEWISH CENTER Shul Membership Form

Instructions: Please fill in each blank on the membership form to help us know you and serve you better. If any requested information does not apply or you decline to reply in any area please write N/A in the space provided.

Applicant Information

Applicant Name: _____		Spouse Name: _____	
Check one: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael			
Applicant Full Hebrew Name: _____		Spouse Full Hebrew Name: _____	
Applicant Mother Hebrew Name: _____		Spouse Mother Hebrew Name: _____	
Applicant DOB: _____		Spouse DOB: _____	
Address: _____			
City: _____		State: _____	Zip: _____
Applicant Occupation: _____		Spouse Occupation: _____	
Applicant Employer _____		Spouse Employer: _____	
Does your employer have a charitable matching funds program? Y / N (circle one)			

Phone numbers and e-mails

Home: _____	Work: _____	Mobile: _____
E-mail Address: _____ @ _____		Would you like to receive emails from the QJC? Y / N

Volunteer Contribution

What QJC Shul committees would you like to volunteer for?

[] Fundraising [] Shul Dinner [] Newsletter [] Bikur Cholim [] Kiddush [] Hospitality (Meals/Housing)
 [] Building Maintenance [] Children/Teen Programming [] Special Events [] Greeting [] Marketing
 [] Adult and Family Programming [] Membership [] Sisterhood [] Other: _____

Children

Name	Hebrew Name	Gender	Age	School / Grade
		M / F		
		M / F		
		M / F		
		M / F		

You and your spouse's Jewish education and background

Jewish Background / Education	Synagogue Affiliations	Spouse Jewish Background/Education	Spouse Synagogue Affiliations

Yahrzeits

Name	Hebrew Name	Relationship	Calendar Date (Hebrew)

Interests

General: _____	Torah Study: _____
Other: _____	

General Information

How did you hear about Queens Jewish Center? Ad/where _____ Website
 Friend/word-of-mouth Other (please specify) _____

What additional services would you like to see at the Queens Jewish Center?

Do you read Hebrew? Yes No Want to learn
 Do you read Torah? Yes No Want to learn
 Would you lead davening? Yes No Want to learn

Select level of membership and make check payable to QUEENS JEWISH CENTER

Individual 280 (\$255 - 1st yr) <input type="checkbox"/>	Family/Couple \$495 (\$255 - 1st yr) <input type="checkbox"/>	▶ Please check one. Note that membership dues are the shul's primary means of supporting itself. ▶ Membership includes OU Basic Membership. ▶ Membership offers reduced rates for H.H. seats, rentals, shul events, etc.	Building Fund \$500 payable over 2 years
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Signature: _____	Date: _____
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PAYMENT METHOD

Check enclosed MASTERCARD/VISA ONLY

Card # _____ Exp. Date _____

Name as appears on Card _____

Signature _____

Billing address zip code. _____

FOR OFFICE USE ONLY

Date received: ___/___/___ Received by: _____

Check Amt: \$ _____ Check Date: ___/___/___

Charge Amt\$ _____ Charge Date: ___/___/___

Approval No. _____

Notes: _____

If you have any questions contact the QUEENS JEWISH CENTER office at (718) 459-8432 or e-mail us at office@MyQJC.org.
 Make checks payable to QUEENS JEWISH CENTER or contact us for additional payment options including credit card
 Our address is: 66-05 108 Street, Forest Hills, NY 11375. For more information see www.MyQJC.org.