

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

Name:		Full Hebrew Name:	
Check one: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael			
Spouse Name:		Full Hebrew Name:	
Applicant Mother Hebrew Name:		Spouse Mother Hebrew Name:	
DOB:		Spouse DOB:	
Address:			
City:		State:	Zip:
Occupation:		Employer:	
Spouse occupation:		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 <input type="checkbox"/>	Family/Couple \$495 (\$280 - 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 entitles you to reduced rates for H.H. seats, rentals,
---	---	---

Signature: _____	Date: _____
------------------	-------------

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 atoffice@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.