



*“ We welcome you to study, pray and serve with us!  
Come, engage, participate, and belong!”*

## Melville Jewish Center Membership Application Form

*\* We are a progressive, egalitarian synagogue that welcomes all families  
including same-sex and interfaith couples \**

Adult #1 Name : \_\_\_\_\_

Hebrew Name : \_\_\_\_\_

Address : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Occupation : \_\_\_\_\_ Marital Status : \_\_\_\_\_

Adult #2 Name : \_\_\_\_\_

Hebrew Name : \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Email : \_\_\_\_\_

Occupation : \_\_\_\_\_

Child 1

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Hebrew Name : \_\_\_\_\_

Grade : \_\_\_\_\_ School : \_\_\_\_\_

Child 2

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Hebrew Name : \_\_\_\_\_

Grade : \_\_\_\_\_ School : \_\_\_\_\_

Child 3

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Hebrew Name : \_\_\_\_\_

Grade : \_\_\_\_\_ School : \_\_\_\_\_

Are you new to the area? \_\_\_\_\_

If so, where did you live before? \_\_\_\_\_

What programs are you interested in at Melville Jewish Center? Check all that apply.

Early Childhood \_\_\_\_\_ Religious School \_\_\_\_\_ Youth Group \_\_\_\_\_

Torah Study \_\_\_\_\_ Ritual \_\_\_\_\_ Davening \_\_\_\_\_

Men's Club \_\_\_\_\_ Sisterhood \_\_\_\_\_ Adult Education \_\_\_\_\_

Social Action \_\_\_\_\_ Social Activities \_\_\_\_\_ The Village (55+) \_\_\_\_\_

As a community, we like celebrating life cycle events. Please share with us:

Birthday Adult #1 : \_\_\_\_\_ Birthday Adult #2 : \_\_\_\_\_

Anniversary : \_\_\_\_\_

We regularly send out e-notices to the congregation. Do both of you want to receive them or just one of you? \_\_\_\_\_

We have a chat discussion group. Do both of you want to be a part of it, just one, or neither of you? \_\_\_\_\_

Finances should never be a barrier to membership. If you are interested in membership but need financial assistance, please be in touch with Elissa at (631) 421-3224. Any such conversations will be held in the strictest confidence.

(We) hereby apply for membership in the Melville Jewish Center and agree to abide by the by-laws, rules and regulations of the congregation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

We invite you to share information about loved ones for whom you would like to receive Yahrzeit notifications. Use extra pages if needed.

Full Name of Deceased: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Relationship and to which member: \_\_\_\_\_

Date of Death (Hebrew or Gregorian, if Gregorian then we need to know before or after sundown): \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Relationship and to which member: \_\_\_\_\_

Date of Death (Hebrew or Gregorian, if Gregorian then we need to know before or after sundown): \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Relationship and to which member: \_\_\_\_\_

Date of Death (Hebrew or Gregorian, if Gregorian then we need to know before or after sundown): \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Relationship and to which member: \_\_\_\_\_

Date of Death (Hebrew or Gregorian, if Gregorian then we need to know before or after sundown): \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Relationship and to which member: \_\_\_\_\_

Date of Death (Hebrew or Gregorian, if Gregorian then we need to know before or after sundown): \_\_\_\_\_

*HELP US GROW! We would appreciate if you would please provide names of friends, neighbors or relatives who might be interested in learning more about the Melville Jewish Center, or would like to receive our email updates of events. Also, do you know families with children? Help us grow our Early Childhood and Religious School programs.*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_