

# Congregation Emanuel Membership Application

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

We are a Reform Jewish congregation that believes modern Judaism provides a deeply meaningful way of life: a Judaism consistent with our times, ennobled by the spirit and traditions of our sacred heritage.

## APPLICATION FOR MEMBERSHIP

\_\_\_\_\_  
Name 1 Date of Birth Male/Female

\_\_\_\_\_  
Name 2 Date of Birth Male/Female

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Mailing Address City State Zip

H: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone Number

F: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Fax Number

C: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name 1 Cell Phone Number

C: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name 2 Cell Phone Number

Email: \_\_\_\_\_  
Name 1 Email

Email: \_\_\_\_\_  
Name 2 Email

\_\_\_\_\_  
Hebrew Name 1

\_\_\_\_\_  
Hebrew Name 2

Do you read Hebrew? Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Length of time in this area: \_\_\_\_\_

Are you currently a member of another congregation?  Yes  No

If yes, please provide name & address: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip

Prior Congregation Affiliation: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address City State Zip

*Please return this form to us at:*

Congregation Emanuel 243 Albany Avenue, Kingston, NY 12401

1-845-338-4271

**FOR TEMPLE USE ONLY**

Application Form

Follow -Up: \_\_\_\_\_

Referred to:

Date: \_\_\_\_\_

President

Rabbi

RS Director

Member Chair

Reason: \_\_\_\_\_

# Congregation Emanuel Membership Application

**Applicant Name 1 - Title/Position:** \_\_\_\_\_

Business/Company: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name 1 Business Phone Number

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

Name 1 Business Email

**Applicant Name 2 - Title/Position:** \_\_\_\_\_

Business/Company: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**B:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name 2 Business Phone Number

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

Name 2 Business Email

Do you have any special Talents/Hobbies?

**Name 1:** \_\_\_\_\_

**Name 2:** \_\_\_\_\_

Are you interested in teaching in our Religious School? **Name 1** - Yes No **Name 2**- Yes No

Relatives/Friends Presently Congregation Emanuel Members: \_\_\_\_\_

Member Name & Relationship

Member Name & Relationship

Member Name & Relationship

What led you to Congregation Emanuel? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Yahrzeit

NAME OF LOVED ONE

RELATIONSHIP (MEMBER 1 OR 2 OR BOTH)

DATE OF DEATH EVENING

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Congregation Emanuel Membership Application

## CHILDREN'S INFORMATION

Child Name 1	Male/Female	Date of Birth
Living at your home?	School	Grade
Hebrew Name	Bar/Bat Mitzvah?	Date
Confirmed?	Date	Marital Status
Child Name 2	Male/Female	Date of Birth
Living at your home?	School	Grade
Hebrew Name	Bar/Bat Mitzvah?	Date
Confirmed?	Date	Marital Status
Child Name 3	Male/Female	Date of Birth
Living at your home?	School	Grade
Hebrew Name	Bar/Bat Mitzvah?	Date
Confirmed?	Date	Marital Status
Child Name 4	Male/Female	Date of Birth
Living at your home?	School	Grade
Hebrew Name	Bar/Bat Mitzvah?	Date
Confirmed?	Date	Marital Status

Please check any of the following activities/committees you/your family are interested in participating in/receiving updates on:

- Weekly updates & events  
  Bulletin  
  Adult Education  
  Ritual  
 Brotherhood  
  Sisterhood  
  Membership/Welcoming  
  Social Action  
 Fundraising  
  House Committee  
  Social Programming  
  Interfaith Outreach  
 Tot Shabbat  
  Gan Keshet  
  Religious School  
  Youth Group  
 Information about volunteering at Temple  
 Other: \_\_\_\_\_

# Congregation Emanuel Membership Application

## Dues & Fees Schedule

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Annual Dues: \*Mandatory Dues\* *Dues can be paid Monthly, Quarterly or Annually*

Associate** _____	\$800.00
Single _____	\$950.00
Single Parent _____	\$875.00
Couple(Both under age 30 or over age 65) _____	\$1300.00
Family _____	\$1450.00

### Elective Category Dues

Chai _____	\$1800.00
Patron _____	\$2500.00
Double Chai _____	\$3600.00

Membership Dues Enclosed Today - \$ \_\_\_\_\_

\*Your category is based on your current status. If you are able, please consider selecting one of the Elective Categories. Or if you need assistance, contact the Main Office and someone from our Confidential Dues Committee will contact you.

\*\*Associate Membership is available to individuals & families living 75 miles or more from Kingston or for families who are members in good standing (full dues paying members) in another congregation. (Please provide us with the name & address of this other congregation or a statement from them showing membership in good standing) Families enrolling children in Religious School are not eligible for Associate Membership.

**Building Fund:** Mandatory fee, payable as a 1 time payment of \$1000, or in \$100 payments for ten years. Building Fund Fee Enclosed Today\$ \_\_\_\_\_

**Religious School Fees\*\*\*:** Mandatory Fee for Members with a child in Religious School. Religious School Fees include non-refundable \$50 deposit (per student) due at time of registration.

Grades Pre-K/K 1,2, & 9,10 _____	\$350.00	# Children _____
Grades 3-8 _____	\$575.00	# Children _____
Maximum charge per family _____	\$1500.00	# Children _____

\*\*\*Congregation Emanuel membership & maintaining membership in good standing is mandatory for enrollment in the Religious School for grades 1-12. The separate Student Registration Form must be filled out for each student in your family attending school.