



**Member 1:**

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

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

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

Name you go by: \_\_\_\_\_

Birthday: \_\_\_\_\_

Gender: \_\_\_\_\_

Are you...?  Jewish  Not Jewish

If you are Jewish, are you a... (Check all that apply)  
 Jew by Birth  Jew by Choice  
 Kohen  Israelite  
 Levite  Not Sure

If you are a Jew by Choice, please provide the conversion date, place and Rabbi...  
\_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(Use English letters)

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

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

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

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

Correspondence will be electronic until requested otherwise.

Please check box if you prefer paper statements via USPS.

**Member 2:**

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Dr. \_\_\_

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

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

Name you go by: \_\_\_\_\_

Birthday: \_\_\_\_\_

Gender: \_\_\_\_\_

Are you...?  Jewish  Not Jewish

If you are Jewish, are you a... (Check all that apply)  
 Jew by Birth  Jew by Choice  
 Kohen  Israelite  
 Levite  Not Sure

If you are a Jew by Choice, please provide the conversion date, place and Rabbi...  
\_\_\_\_\_

Bar/Bat Mitzvah Date: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  
(Use English letters)

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

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

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

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

Correspondence will be electronic until requested otherwise.

**Household Information:**

If married, wedding date, synagogue and Rabbi: \_\_\_\_\_

Previous Synagogue Affiliation (Name/City/State): \_\_\_\_\_

**Residence Address:**  
 DO NOT list in directory \_\_\_\_\_

Mail Address (if different):  
 DO NOT list in directory \_\_\_\_\_

**Home Phone Number** (if different from mobile):  
 DO NOT list in directory \_\_\_\_\_

Please complete for each child in your family. Please note if they are adult children not living at home

### Child #1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
 Hebrew Date of Birth: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 (Use English letters) \_\_\_\_\_  
 Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Expected graduation year: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 (if different home) \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Child #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
 Hebrew Date of Birth: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 (Use English letters) \_\_\_\_\_  
 Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Expected graduation year: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 (if different home) \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Child #3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
 Hebrew Date of Birth: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Hebrew Name: \_\_\_\_\_  
 (Use English letters) \_\_\_\_\_  
 Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Expected graduation year: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 (if different home) \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



Please complete for each child in your family. Please note if they are adult children not living at home

**Child #4**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_

Hebrew Date of Birth: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_

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

Hebrew Name: \_\_\_\_\_  
(Use English letters)

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Expected graduation year: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(if different home)

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Child #5**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_

Hebrew Date of Birth: \_\_\_\_\_ Bar/Bat Mitzvah Date: \_\_\_\_\_

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

Hebrew Name: \_\_\_\_\_  
(Use English letters)

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Expected graduation year: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(if different home)

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Relationship to other Jacksonville Jewish Center members:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Yahrzeit information for loved ones:**

Name:	Hebrew Name:	Hebrew Date of Death:	Secular Date of Death:	Before Sundown?	Relationship:
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

**Membership Agreement:**

I (we) hereby apply for membership at the Jacksonville Jewish Center, a Conservative Congregation affiliated with the United Synagogue of Conservative Judaism, and the Jewish Theological Seminary of America. I (we) agree to comply with all of its rules and regulations including its by-laws and the financial obligations imposed on its members, and understand that in so doing, I (we) will be entitled to all the rights and privileges of a member in good standing.

**The Jacksonville Jewish Center has permission to use my (or my family member's) name and/or photograph in press releases, ads, audio/visual/print news stories and websites. Check one: YES  NO**

Member  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Member  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Membership Level: \_\_\_\_\_ Dues Amount: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Review by \_\_\_\_\_ Processed by \_\_\_\_\_ Processed by \_\_\_\_\_  
Exec. Director: \_\_\_\_\_ Membership: \_\_\_\_\_ Accounting: \_\_\_\_\_

Special Arrangements: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_