



Your Membership at
**CONGREGATION
B'NAI JESHURUN**

Established in 1848

Dear Friend,

Congregation B'nai Jeshurun has a long and storied tradition. We are one of the oldest Jewish congregations in the State of New Jersey and in the United States of America. However, it is not the length of our history that makes us special.

Most important, we are a congregation which is a home to all who walk through our doors. We are here as a community in the most vital times of our members' lives. We offer solace and comfort in times of pain and offer the same hand in times of joy. We do everything we can to get our members involved and connect names to faces so that everyone feels part of the family.

Moreover, we offer various opportunities to child and adult alike for substantive Jewish learning, spiritual awareness and a multitude of ways to come together in fixing our sometimes broken world.

The doors of our clergy and staff are always open wide for anything, from the minimal to the vital.

We welcome you to Congregation B'nai Jeshurun. We believe from a deep place in our hearts, that your lives will somehow be transformed by joining our unique community.

Sincerely,



Matthew D. Gewirtz
Senior Rabbi

Membership Application

FAMILY NAME _____

ADDRESS _____

CITY, STATE ZIP _____

HOME PHONE _____

HOME FAX _____

MARRIED/ANNIVERSARY (mm/dd/year) __ __ / __ __ / __ __ __ __

SINGLE WIDOWED DIVORCED

ADULT 1

NAME _____

NICKNAME _____

BIRTHDAY (MM/DD/YEAR) __ __ / __ __ / __ __ __ __

EMAIL _____ CELL _____

please email information on Temple events

RELIGIOUS BACKGROUND

Reform TBJ Reconstructionist

Conservative Orthodox

Convert to Judaism Non-Jewish

HEBREW NAME *(If you do not have/know your Hebrew Name we will help you choose one. Contact the Rabbi's Office.)*

EDUCATION *institution/degree*

High School _____

College _____

Graduate School _____

PARENTS' NAMES *(if deceased, check box)*

Mother _____

Hebrew Name _____

Father _____

Hebrew Name _____

NAME & ADDRESS OF PREVIOUS TEMPLE (IF APPLICABLE)

ADULT 2

NAME _____

NICKNAME _____

BIRTHDAY (MM/DD/YEAR) __ __ / __ __ / __ __ __ __

EMAIL _____ CELL _____

please email information on Temple events

RELIGIOUS BACKGROUND

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Reform | <input type="checkbox"/> TBJ | <input type="checkbox"/> Reconstructionist |
| <input type="checkbox"/> Conservative | <input type="checkbox"/> Orthodox | |
| <input type="checkbox"/> Convert to Judaism | <input type="checkbox"/> Non-Jewish | |

HEBREW NAME *(If you do not have/know your Hebrew Name we will help you choose one. Contact the Rabbi's Office.)*

EDUCATION *institution/degree*

High School _____

College _____

Graduate School _____

PARENTS' NAMES *(if deceased, check box)*

Mother _____

Hebrew Name _____

Father _____

Hebrew Name _____

NAME & ADDRESS OF PREVIOUS TEMPLE (IF APPLICABLE)

FAMILY NAME _____

CHILDREN'S INFORMATION

(include address/phone if different than yours)

Child's Name _____

Hebrew Name _____

Date of Birth (mm/dd/year)____/____/____ Male Female

Marital Status Married Single Widowed Divorced

If married, name of spouse _____

Address _____

Telephone _____

Child's Name _____

Hebrew Name _____

Date of Birth (mm/dd/year)____/____/____ Male Female

Marital Status Married Single Widowed Divorced

If married, name of spouse _____

Address _____

Telephone _____

Child's Name _____

Hebrew Name _____

Date of Birth (mm/dd/year)____/____/____ Male Female

Marital Status Married Single Widowed Divorced

If married, name of spouse _____

Address _____

Telephone _____

Child's Name _____

Hebrew Name _____

Date of Birth (mm/dd/year)____/____/____ Male Female

Marital Status Married Single Widowed Divorced

If married, name of spouse _____

Address _____

Telephone _____

ADULT 1

NAME _____

We hope you will become involved in Temple Activities. Please let us know of your interests.

- | | |
|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Volunteer Choir |
| <input type="checkbox"/> Women's Association | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> I am interested in _____ | |

ADULT 2

NAME _____

We hope you will become involved in Temple Activities. Please let us know of your interests.

- | | |
|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Volunteer Choir |
| <input type="checkbox"/> Women's Association | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> I am interested in _____ | |

Our Temple has several groups geared toward specific ages & interests, though all programs are open to everyone. Please check if you (as an individual or as a couple) are interested in any of the following;

- Couples' Club — Young Couples
- Renaissance Group — 49+
- Seniors Keep In Touch — 80+

Date of Application _____

Signature _____

Signature _____

Building Fund Pledge *please print your names*

I/We _____ will pay as follows:

- Five yearly payments of \$600 (*requirement for all Early Childhood Center Families*)
- Ten yearly payments of \$300

Reason for joining _____

For Office Use

Date Received _____

Memb Last/First _____

Bldg Fund begins _____

Please return this application
with your check payable to
Congregation B'nai Jeshurun
1025 South Orange Avenue
Short Hills, NJ 07078



CONGREGATION
B'NAI JESHURUN
Established in 1848

Administrative Office: 973-379-1555

School Office: 973-379-3177

1025 South Orange Avenue, Short Hills, New Jersey 07078
info@tbj.org 973-379-4345 fax <http://www.tbj.org>