Congregation Poile Zedek

145 Neilson Street, P.O. Box 166, New Brunswick, NJ 08903 www.poilezedek.org ◆ admin@poilezedek.org

Membership Application

Applicant Information

Name: (Rabbi, Dr., Mr., Mrs.,	Ms.)		
Address:	City: Father's H	State:	Zip:
Hebrew Name:	Father's H	lebrew Name:	
Kohen Levi	Yisrael		
Mother's Hebrew Name:	Maternal Gran	idmother's Hebrew Name: _	
Employer:		Position:	
Home #:	Office #:	Ext.: Cell phor	ne #:
E-mail Address	Birth Date: I	HebrewSe	ecular
	Spouse Info		
Name: (Rabbi, Dr., Mr., Mrs.,	Ms.) City: Father's H		
Address:	City:	State:	Zip:
Hebrew Name:	Father's H	lebrew Name:	*
Kohen Levi	Yisrael		
Mother's Hebrew Name:	Maternal Gran	ndmother's Hebrew Name:	
Employer:		Position:	
Home #:	Office #:	Ext.: Cell pho	ne #:
E-mail Address	Office #: Birth Date: F	Hebrew Se	ecular
Previous/Other Armation.		Denomi	nation
	Children (use married nat	mes where applicable)	
Name	Hebrew Date	Eng. Date	School
		C	
		D 4	
	Yahrzeit	Dates	
Kaddish is said for a pare	ent, spouse, sibling, or child	on the anniversary of his	s/her death. Please provio
information on anyone who	se Yahrzeit you observe, so tha	at we may send you a remi	nder.
Name	Hebrew Date	Eng. Date	Relationship:
rame	Hebrew Bate	Eng. Date	Relationship.
			
			
I hereby apply for members	ship and agree to pay the annua	1 dues of \$	*
onstitution and by-laws.	on to Congregation Poile Zede	ek is accepted, I agree to fo	onow Congregation's
ž		Data:	
Signature of Applicant	::	Date:	
Signature of Spouse: _		Date:	

^{*} **Note:** Annual membership is \$200. First year membership for applicants from June to September is \$100. First year membership for applicants from October 1st – end of year is waived with payment of \$200 credited to following year dues. High Holiday Seats are \$100.