



Congregation Or Zarua

A Traditional, Egalitarian, and Participatory Conservative Synagogue

127 East 82nd Street • New York, NY 10028-0807 • 212.452.2310 • www.orzarua.org

Membership Application

Date _____

I. Your Name

English Name _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other _____
First Middle Last

Hebrew Name _____ ben/bat _____ and _____
Your Name Father's Hebrew Name Mother's Hebrew Name

Kohen ___ Levi ___ Yisrael ___ Birth Mother Jewish Yes ___ No ___

If Converted, Date, Place, Name of Officiating Rabbi _____
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Date of Birth _____ Marital Status _____ Date of Marriage _____

Home Address _____ Zip _____
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Home Telephone Number _____ Cellphone Number _____

Email Address _____

Country or Winter Address _____ Zip _____

Country or Winter Telephone Number _____

II. Your Spouse's Name

English Name _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other _____
First Middle Last

Hebrew Name _____ ben/bat _____ and _____
Your Name Father's Hebrew Name Mother's Hebrew Name

Spouse is Jewish Yes ___ No ___ Kohen ___ Levi ___ Yisrael ___ Birth Mother Jewish Yes ___ No ___

If Converted, Date, Place, Name of Officiating Rabbi _____

Date of Birth _____ Marital Status _____ Date of Marriage _____

Email Address _____ Cellphone Number _____

III. Your Profession

Your Business or Profession _____

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Your Firm Name _____

Business Address _____

Business Telephone _____ Business Fax _____

Business Email Address _____

IV. Your Spouse's Profession

Spouse's Business or Profession _____

Spouse's Firm Name _____

Business Address _____

Business Telephone _____ Business Fax _____

Business Email Address _____

V. Your Children

Pre-School through College (for college students, please include email address)

English Name _____ Date of Birth _____ Before Sunset? _____

Hebrew Name _____ ben/bat _____ and _____
Your Name Father's Hebrew Name Mother's Hebrew Name

School _____ Grade/Year _____

English Name _____ Date of Birth _____ Before Sunset? _____

Hebrew Name _____ ben/bat _____ and _____
Your Name Father's Hebrew Name Mother's Hebrew Name

School _____ Grade/Year _____

English Name _____ Date of Birth _____ Before Sunset? _____

Hebrew Name _____ ben/bat _____ and _____
Your Name Father's Hebrew Name Mother's Hebrew Name

School _____ Grade/Year _____

English Name _____ Date of Birth _____ Before Sunset? _____

Hebrew Name _____ ben/bat _____ and _____
Your Name Father's Hebrew Name Mother's Hebrew Name

School _____ Grade/Year _____

VI. Skills and Interests

Torah or Haftarah readers? _____ Davening leaders? _____ Would you like to learn? _____

Please indicate any interest in the following Or Zarua activities:

Morning Minyan ___ Weekly Talmud Class ___ Book Club ___ Hesed Committee ___ Hevra Kadisha ___ Ushering ___

Event Planning ___ Helping with synagogue mailings ___ Newsletter ___ Graphic Design ___ Youth/Teen Programming ___

Special interests or concerns _____

Would you like to be included in our Shabbat hospitality program for new members? Yes ___ No ___

VII. Yahrzeits

English Name _____ Relation _____
First Middle, Last

Hebrew Name _____ ben/bat _____ and _____
Father's Hebrew Name Mother's Hebrew Name

Date of Death _____ Before Sunset _____
English Date

English Name _____ Relation _____
First Middle, Last

Hebrew Name _____ ben/bat _____ and _____
Father's Hebrew Name Mother's Hebrew Name

Date of Death _____ Before Sunset _____
English Date

English Name _____ Relation _____
First Middle, Last

Hebrew Name _____ ben/bat _____ and _____
Father's Hebrew Name Mother's Hebrew Name

Date of Death _____ Before Sunset _____
English Date

VIII. Other

How did you learn about Congregation Or Zarua? _____

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Do you read The Jewish Week? _____

Do you have a cemetery plot? _____ If so, where? _____

Might you be interested in a plot or plots in Or Zarua's cemetery? _____



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Membership Dues & Fees

July 1, 2010—June 30, 2011

DUES

Family	\$2,275 per year
Couple	\$2,175 per year
Family/Couple under 30	\$750 per year
Single Parent	\$1,275 per year
Single	\$1,275 per year
Single under 30	\$650 per year

FEES

United Synagogue Dues	\$74
Security assessment	\$100

Family memberships include all children aged 22 and under.

Membership includes High Holy Day tickets for all members.
Additional guest tickets \$360 per person.

Please return this application with your check to

Congregation Or Zarua
127 East 82nd Street
New York, NY 10028-0807

Signature _____ Date _____

Welcome to Congregation Or Zarua.
If you have any questions, please call Harvey M. Brenner, Executive Director, at 212-452-2310 x14.