



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

I. Your Name

Name,
English: _____ (Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other _____)
First, Middle, Last

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

Kohen ___ Levi ___ Yisrael ___ Birth Mother Jewish (circle either "Y" or "N"): Y / N

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

II. Your Spouse's Name

Name,
English: _____ (Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Other _____)
First, Middle, Last

Name,
Hebrew: _____ ben/bat _____ and _____
Spouse's Name Father's Hebrew Name Mother's Hebrew Name

Kohen ___ Levi ___ Yisrael ___ Birth Mother Jewish (circle either "Y" or "N"): Y / N

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

III. Your Address

Home Address _____ Zip _____

Home Telephone Number () _____ Marital Status _____

Home Fax Number () _____ Home E-Mail Address _____

Country or Winter Address _____ Zip _____

Country or Winter Telephone Number () _____

Date of Birth _____ Spouse's Date of Birth _____ Date of Marriage _____

IV. Your Profession

Your Business or Profession _____

Your Firm Name _____

Address/Zip _____ Tel: _____

Fax Number () _____ E-Mail Address _____

V. Your Spouse's Profession

Spouse's Business or Profession _____

Spouse's Firm Name _____

Address/Zip _____ Tel: _____

Fax Number () _____ E-Mail Address _____

VI. Your Children

Pre-School through High School:

English—First, Middle, Last Hebrew School Date of Birth

English—First, Middle, Last Hebrew School Date of Birth

English—First, Middle, Last Hebrew School Date of Birth

English—First, Middle, Last Hebrew School Date of Birth

English—First, Middle, Last Hebrew School Date of Birth

College Students *(for children in college, please provide their college address information):*

English—First, Middle, Last Hebrew School Date of Birth

School Address E-Mail

English—First, Middle, Last Hebrew School Date of Birth

School Address E-Mail

English—First, Middle, Last Hebrew School Date of Birth

School Address E-Mail

VII. Skills and Interests

Are any of you 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 _____ Hesed Committee _____

Hevra Kadisha _____ Ushering _____ Event Planning _____

Book Club _____ Youth/Teen Programming _____ Newsletter _____

Helping with synagogue mailings _____

Special interests or concerns of yours or of members of your family: _____

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

VIII. Yahrzeits

Name: _____
(English—First, Middle, Last) (Hebrew—Ben/Bat)

Date of Death _____ How related? _____
(Secular Date) (Hebrew Date)

Name: _____
(English—First, Middle, Last) (Hebrew—Ben/Bat)

Date of Death _____ How related? _____
(Secular Date) (Hebrew Date)

Name: _____
(English—First, Middle, Last) (Hebrew—Ben/Bat)

Date of Death _____ How related? _____
(Secular Date) (Hebrew Date)

Name: _____
(English—First, Middle, Last) (Hebrew—Ben/Bat)

Date of Death _____ How related? _____
(Secular Date) (Hebrew Date)

IX. Other

How did you learn about Congregation Or Zarua? _____

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

Might you be interested in a plot or plots in Or Zarua's cemetery? _____ If so, how many? _____

If there are any changes to information in this application during the year - such as birth of a child, a move, a new job, or a death in the family - please advise the Or Zarua office.

Membership Categories and Dues
(includes High Holy Day seats)

July 1, 2008—June 30, 2009

Family*	\$1,975 per year
Couple	\$1,875 per year
Family*/Couple under 30	\$ 500 per year
Single parent*	\$1,125 per year
Single	\$1,125 per year
Single under 30	\$1,100 per year
Plus	
United Synagogue Dues	\$ 74
Security assessment	\$ 100

*Family and Single Parent memberships include all children aged 22 and under.

Membership includes High Holy Day tickets for all members aged 22 and under.
Additional tickets are available at \$325 each for other family members and guests.

**IF YOU NEED ADDITIONAL HIGH HOLY DAY TICKETS, PLEASE INDICATE HOW MANY YOU NEED
AND REMIT \$325 FOR EACH TICKET**

Plus

Number of additional tickets _____ @ \$325.00 = \$ _____

Please return this application with your check to:

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

Signature _____ Date _____