



# 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](http://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 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

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, 2009—June 30, 2010

### DUES

Family	\$2,175 per year
Couple	\$2,075 per year
Family/Couple under 30	\$700 per year
Single Parent	\$1,225 per year
Single	\$1,225 per year
Single under 30	\$600 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.

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 the office 212-452-2310 x12.