



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

## COME JOIN US!

### 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

(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

Birth Mother Jewish Yes \_\_\_ No \_\_\_

If Mother Converted Prior to Child's Birth, Date, Place, Name of Officiating Rabbi \_\_\_\_\_

If Child Converted, Date, Place, Name of Officiating Rabbi \_\_\_\_\_

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

Birth Mother Jewish Yes \_\_\_ No \_\_\_

If Mother Converted Prior to Child's Birth, Date, Place, Name of Officiating Rabbi \_\_\_\_\_

If Child Converted, Date, Place, Name of Officiating Rabbi \_\_\_\_\_

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

Birth Mother Jewish Yes \_\_\_ No \_\_\_

If Mother Converted Prior to Child's Birth, Date, Place, Name of Officiating Rabbi \_\_\_\_\_

If Child Converted, Date, Place, Name of Officiating Rabbi \_\_\_\_\_

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

Birth Mother Jewish Yes \_\_\_ No \_\_\_

If Mother Converted Prior to Child's Birth, Date, Place, Name of Officiating Rabbi \_\_\_\_\_

If Child Converted, Date, Place, Name of Officiating Rabbi \_\_\_\_\_

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 (including year)

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 (including year)

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 (including year)

### VIII. Other

How did you learn about Congregation Or Zarua? \_\_\_\_\_

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? \_\_\_\_\_



## Annual Membership Dues & Fees

July 1, 2019—June 30, 2020

Category	Dues	USCJ Fees	Building Preservation Fund	Security Assessment	TOTAL
Family*	\$3,345	\$75	\$300	\$360	\$4,080
Couple	\$3,157	\$75	\$300	\$360	\$3,892
Single Parent*	\$1,925	\$75	\$250	\$180	\$2,430
Single	\$1,925	\$75	\$250	\$180	\$2,430
Family*/Couple 30 and under	\$720	WAIVED	WAIVED	\$72	\$792
Single 30 and under	\$360	WAIVED	WAIVED	\$36	\$396
Long Distance Couple	\$745	WAIVED	WAIVED	WAIVED	\$745
Long Distance Single	\$372	WAIVED	WAIVED	WAIVED	\$372

*\*Family memberships include all children ages 22 and under.*

**Membership includes High Holy Day tickets for all members, except for Long Distance members.**

**Members, except for Long Distance members, may purchase additional guest tickets for \$360 per person (ages 31 and up); \$180 (ages 5-30)**

**For your first year of membership, the costs of Shabbat dinners and other similar events are waived. Reservations are required. Please call Deborah Wenger, (212) 452-2310, ext. 12, with any questions.**

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!