



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, 2020—June 30, 2021

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!

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