



# Congregation Sons of Israel

P.O. Box 369  
33 Gordons Corner Road  
Manalapan, New Jersey 07726  
Tel: 732-446-3000 • Fax: 732-792-8062



Rabbi Robert S. Pilavin

www.sonsofisrael.com

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## MEMBERSHIP APPLICATION

Applicant's Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi		Spouse's Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi	
Address:		City:	State:
Home Telephone Number:			
Cell Phone Number:		Spouse's Cell Phone #:	
E-mail Address:		Spouse's E-mail Address:	
Date of Birth:		Spouse's Date of Birth:	
Wedding Date:			
Would you like to have birthday/anniversary dates (without year) published in the "Voice", our monthly newsletter?			
Applicant's Occupation/Position:		Spouse's Occupation/Position:	
Applicant's Business Address:		Spouse's Business Address:	
Applicant's Business Phone:		Spouse's Business Phone:	
Applicant's Hebrew Name:		Spouse's Hebrew Name:	
Applicant's Father's Hebrew Name:		Spouse's Father's Hebrew Name:	
Applicant's Mother's Hebrew Name:		Spouse's Mother's Hebrew Name:	
Applicant's Previous Hebrew Education:		Spouse's Previous Hebrew Education:	
Applicant: I am a (please check) <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite		Spouse: I am a (please check): <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	
Applicant's Religious Background: <input type="checkbox"/> Orthodox <input type="checkbox"/> Traditional <input type="checkbox"/> Conservative <input type="checkbox"/> Reform		Spouse's Religious Background: <input type="checkbox"/> Orthodox <input type="checkbox"/> Traditional <input type="checkbox"/> Conservative <input type="checkbox"/> Reform	
Applicant's Bar/Bat Mitzvah Date:		Spouse's Bar/Bat Mitzvah Date:	
Past Congregational Affiliation:		City:	State:

## TYPE OF MEMBERSHIP REQUESTED

- First Year Membership   
 Regular Membership   
 Parent/Child Membership   
 Single Membership  
 Married-Senior Citizen Membership   
 Single-Senior Citizen Membership

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## RELATIVES IN CONGREGATION

Name:	Relationship:
Name:	Relationship:

## CHILDREN

Name	Male/Female	Hebrew Name	Date of Birth	Bar/Bat Mitzvah Date

Do any children attend Jewish Day School?  Yes  No

Please list the name(s) of children attending Jewish Day School as well as the name of the school.

1. Name: \_\_\_\_\_ School: \_\_\_\_\_
2. Name: \_\_\_\_\_ School: \_\_\_\_\_
3. Name: \_\_\_\_\_ School: \_\_\_\_\_

## YAHARZEIT INFORMATION

English Name of Deceased	Hebrew Name of Deceased	English Date of Death	Hebrew Date Of Death	Related to Whom	Relationship
		_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		
		_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		
		_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		
		_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		
		_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		
		_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>	_____ Before Sunset <input type="checkbox"/> After Sunset <input type="checkbox"/>		

## COMMITTEE INTERESTS

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Applicant's Interests (Check Box)		Spouse's Interests (Check Box)	
<input type="checkbox"/> Men's Club	<input type="checkbox"/> Sisterhood	<input type="checkbox"/> Men's Club	<input type="checkbox"/> Sisterhood
<input type="checkbox"/> H. S. Education	<input type="checkbox"/> Nursery School	<input type="checkbox"/> H. S. Education	<input type="checkbox"/> Nursery School
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Bikur Cholim	<input type="checkbox"/> Ritual	<input type="checkbox"/> Bikur Cholim	<input type="checkbox"/> Ritual
<input type="checkbox"/> Finance	<input type="checkbox"/> House	<input type="checkbox"/> Finance	<input type="checkbox"/> House
<input type="checkbox"/> Membership	<input type="checkbox"/> Programming	<input type="checkbox"/> Membership	<input type="checkbox"/> Programming
<input type="checkbox"/> Bulletin (Voice)	<input type="checkbox"/> Publicity	<input type="checkbox"/> Bulletin (Voice)	<input type="checkbox"/> Publicity
<input type="checkbox"/> Youth	<input type="checkbox"/> Library	<input type="checkbox"/> Youth	<input type="checkbox"/> Library
<input type="checkbox"/> Holocaust	<input type="checkbox"/> Parent Teacher's Org.	<input type="checkbox"/> Holocaust	<input type="checkbox"/> Parent Teacher's Org.

## MISCELLANEOUS

Do you or anyone in your family have any desire to lead services?

Do you or anyone in your family read Torah/Haftorah?

Do you or any member of your family have any special talents?

Would like to be contacted when there is a scheduled Synagogue Blood Drive?

## EMERGENCY CONTACTS

1. Name:	Phone Number:	Relationship:
2. Name:	Phone Number:	Relationship:

*I hereby affirm that I wish to become a member of Congregation Sons of Israel, Manalapan, New Jersey.  
 I agree to abide by the rules and regulations of the Congregation at all times.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This application is not final until approved by the Rabbi.* \_\_\_\_\_ Date: \_\_\_\_\_

Rabbi Robert S. Pilavin

### FOR OFFICE USE ONLY

Copies to:  Rabbi Robert S. Pilavin  VP Membership  VP RITUAL  Nursery School  Hebrew School