



**SOUTH HUNTINGTON JEWISH CENTER**

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2600 NEW YORK AVE., MELVILLE, NY 11747 - (631) 421-3224

RABBI IAN S. JACKNIS

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**MEMBERSHIP APPLICATION**

We (I) hereby apply for membership in the South Huntington Jewish Center. Upon acceptance as a member or member family, we (I) do hereby agree to abide by its constitution, bylaws, rules and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(For office use only) Date Received \_\_\_\_\_

Please fill out all the information requested on the reverse side. Type or print clearly.

South Huntington Jewish Center-2600 New York Avenue-Melville, NY 11747-(631)421-3224

New Member Join Date \_\_\_\_\_

Adult 1

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Kohen \_\_\_\_\_ Levi \_\_\_\_\_ Israel (If not known, check Israel)

Religion at Birth \_\_\_\_\_  
Tradition you were raised: \_\_\_\_\_  
Conservative \_\_\_\_\_ Orthodox \_\_\_\_\_  
Reform \_\_\_\_\_ Secular \_\_\_\_\_  
Current Religion \_\_\_\_\_  
Father's Hebrew Name \_\_\_\_\_  
Mothers Hebrew Name \_\_\_\_\_

Marital Status: Married (Anniversary \_\_\_\_\_)  
Widowed \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_  
Title \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Please list any skills, interest, community activities: \_\_\_\_\_

Yahrzeit Remembrances: \_\_\_\_\_  
(List Hebrew name and date of remembrance. If unsure, enter the secular calendar date including year and before or after sunset if known.)

Adult 2

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Kohen \_\_\_\_\_ Levi \_\_\_\_\_ Israel (If not known, check Israel)

Religion at Birth \_\_\_\_\_  
Tradition you were raised: \_\_\_\_\_  
Conservative \_\_\_\_\_ Orthodox \_\_\_\_\_  
Reform \_\_\_\_\_ Secular \_\_\_\_\_  
Current Religion \_\_\_\_\_  
Father's Hebrew Name \_\_\_\_\_  
Mothers Hebrew Name \_\_\_\_\_

Marital Status: Married (Anniversary \_\_\_\_\_)  
Widowed \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_  
Title \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Please list any skills, interest, community activities: \_\_\_\_\_

Yahrzeit Remembrances: \_\_\_\_\_  
(List Hebrew name and date of remembrance. If unsure, enter the secular calendar date including year and before or after sunset if known.)

Children

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_

Are you new to the area? \_\_\_\_\_  
If so, where did you live before? \_\_\_\_\_  
As new members, you and your spouse will automatically become members of the SHJC SISTERHOOD and/or MEN'S CLUB, with free dues for the first year of membership. Also, you may wish to join any of the following.  
(Please check all that apply):  
Family Club \_\_\_\_\_ Club "55" \_\_\_\_\_  
Education Comm. \_\_\_\_\_ Youth Group Comm. \_\_\_\_\_  
Membership Comm. \_\_\_\_\_ Finance Comm. \_\_\_\_\_  
Ritual Comm. \_\_\_\_\_ Hased Comm. \_\_\_\_\_  
Have you been affiliated with another Congregation?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which one? \_\_\_\_\_  
Years of Membership? \_\_\_\_\_  
Activities in which you were involved \_\_\_\_\_