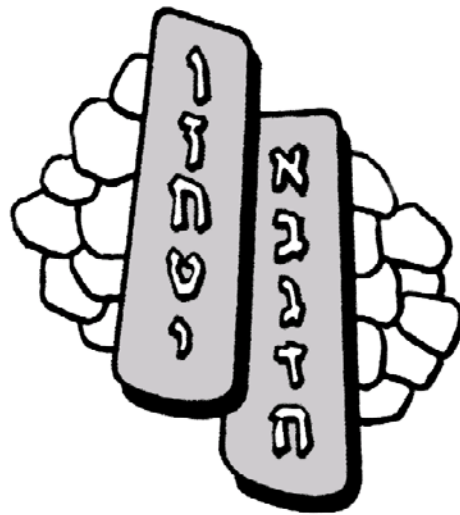


Jewish Community Center of Paramus Congregation Beth Tikvah



Membership Application

East 304 Midland Avenue ~ Paramus, New Jersey 07652

Telephone: 201.262.7691 ~ Fax: 201.262.6516

www.jccparamus.org ~ Find us on Facebook

Office Use: Dues Category:

I.D.

JEWISH COMMUNITY CENTER OF PARAMUS/CONGREGATION BETH TIKVAH

Welcome to the Jewish Community Center of Paramus/Congregation Beth Tikvah ... In order that we may assist you in every way possible, and to help encourage you to become an involved member of our congregation, we invite you to complete this application. Please be assured that any information you share with us will remain absolutely confidential. If you have any questions contact the Executive Director by phone at 201-262-7691, or by email at execdirector@jccparamus.org

Thank you for your cooperation, and welcome to the JCCP/CBT family!

Address	Town or City	State/Zip
Adult #1 Last Name, First Name, M.I.		
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Partner		
Date of Birth: (Mo/Day/Yr)	Home phone	Cell phone
Occupation	Email _____ @ _____	
Employer	Work phone	Wedding Anniversary (Mo/Day/Yr)
Your Hebrew Name	Mother's Hebrew Name:	Father's Hebrew Name:
Is your father, or was he, a <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite?		
Adult #2 Last Name, First Name, M.I.		
<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Partner		
Date of Birth: (Mo/Day/Yr)	Home phone	Cell phone
Occupation	Email _____ @ _____	
Employer	Wedding Anniversary (Mo/Day/Yr)	
Your Hebrew Name	Mother's Hebrew Name	Father's Hebrew Name
Is your father, or was he, a <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite?		

Account statements and Yahrzeit notices are sent by email. Please indicate which of the following you would prefer to get by **regular** mail. Statements Yahrzeit Notices

Children under 18

_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
English Name	Hebrew Name	D.O.B. (m/d/y)	
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
English Name	Hebrew Name	D.O.B. (m/d/y)	
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
English Name	Hebrew Name	D.O.B. (m/d/y)	
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
English Name	Hebrew Name	D.O.B. (m/d/y)	

Children 18 and older

_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
English Name #1	Hebrew Name	
_____	<input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Day School <input type="checkbox"/> Hebrew H.S.	
College	Hebrew Education	
_____	_____	
Email Address	Mailing Address	
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
English Name #2	Hebrew Name	
_____	<input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Day School <input type="checkbox"/> Hebrew H.S.	
College	Hebrew Education	
_____	_____	
Email Address	Mailing Address	
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
English Name #3	Hebrew Name	
_____	<input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Day School <input type="checkbox"/> Hebrew H.S.	
College	Hebrew Education	
_____	_____	
Email Address	Mailing Address	

Please check any activities in which you might wish to participate

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Daily Minyan | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Assoc. of Parents & Teachers | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Young Jewish Families |
| <input type="checkbox"/> Chesed Committee | <input type="checkbox"/> Men's Club | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Choir / JCCP/CBT Singers | <input type="checkbox"/> Publicity | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Purim Carnival | _____ |

Offices held, or involvement in other organizations

Special interests, skills or hobbies

How did you learn about the JCCP/CBT?

Yahrzeit Information

As a service to our congregants, it is our custom to remind you of the Yahrzeit dates of your loved ones. If you wish to be reminded, please supply the information below. We also have burial plots available for people in their time of need. Please let us know if you would like more information.

#1		
Full name of deceased _____	Relationship _____	Hebrew name including father's name _____
English date of death (M/D/Y) _____	Before or after sundown _____	Hebrew date (if known) _____
#2		
Full name of deceased _____	Relationship _____	Hebrew name including father's name _____
English date of death (M/D/Y) _____	Before or after sundown _____	Hebrew date (if known) _____
#3*		
Full name of deceased _____	Relationship _____	Hebrew name including father's name _____
English date of death (M/D/Y) _____	Before or after sundown _____	Hebrew date (if known) _____

*For additional names and Yahrzeit information please attach a separate sheet of paper

Comments:

RELEASE ... Unless otherwise indicated by me in writing, I hereby give permission to the Jewish Community Center of Paramus/Congregation Beth Tikvah (the "JCCP/CBT") to publish and/or distribute in print, electronic, digital or video format, including but not limited to photographs, videotape images and digital images, the likeness or image of me and members of my family, including any minor children. I understand that if my minor child's likeness or image is published or distributed by the JCCP/CBT, my child will not be identified by name unless I give express permission. I release all claims against the JCCP/CBT with respect to copyright, ownership, intellectual property rights, publication rights, privacy rights, and all such similar rights, including any claims for compensation, related to the use of said likenesses or images. All negatives, prints and digital reproductions shall be and shall remain the exclusive property of the JCCP/CBT.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

I/We hereby apply for membership in the Jewish Community Center of Paramus/Congregation Beth Tikvah (JCCP/CBT). I/We agree to abide by the constitution, by-laws and policies of the JCCP/CBT. I/We further agree to pay for all applicable financial obligations for dues, tuition, pledges, fees and assessments. My/our membership will remain in effect until such time as I/we notify the JCCP/CBT office, in writing, of my/our intention to terminate membership. All outstanding financial obligations survive termination of membership until paid.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

Applications are subject to approval by the Board of Trustees. All applications must be accompanied by a check, if applicable, (amount to be determined).

Please feel free to contact the office or the Rabbi at any time if you have questions or concerns regarding Yahrzeit, cemetery, burial practices, traditions or customs. We are here to help you.