



The Shul at Newtown

Lubavitch of Bucks County

Thank you for choosing to join The Shul at Newtown!

We ask that you carefully complete this application.

The data you share here remains in the complete confidence of the Rabbis only.

Family Information:

Family Name: _____ Telephone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Summer Address: _____

City: _____ State: _____ Zip: _____

Have you ever affiliated with another synagogue: Yes No

If yes, when and where: _____

Children:

| | Name | Hebrew Name | Sex | Birth date |
|----|-------|-------------|-------|------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

Adult Male:

Title you prefer: Mr. Dr.

First Name/MI: _____

Preferred name (nick): _____

Date of Birth: _____ / _____ / _____ Birth Place: _____

Occupation: _____

Full Time Part Time Retired

Business Phone: _____ Ext.: _____

Have any family members* been converted? Yes No
*(*Parents, Grandparents, Great Grandparents, Spouse, Children)*

By Whom? _____

Your Hebrew Name: _____

Are you: Kohen Levi Yisroel

Mother's Hebrew Name: _____

Father's Hebrew Name: _____

Adult Female:

Title you prefer: Mr. Dr.

First Name/MI: _____

Preferred name (nick): _____

Date of Birth: _____ / _____ / _____ Birth Place: _____

Occupation: _____

Full Time Part Time Retired

Business Phone: _____ Ext.: _____

Have any family members* been converted?
*(*Parents, Grandparents, Great Grandparents, Spouse, Children)*

Yes

No

By Whom? _____

Your Hebrew Name: _____

Mother's Hebrew Name: _____

Father's Hebrew Name: _____

Additional comments if any:

The suggested Annual Membership is \$1,000.00 per year (Bar/Bat Mitzvah training and preparation is additional). If you are not able to pay the suggested annual amount, please mark down what you feel you can contribute with the minimum being \$432.00 (\$36 a month). Please note that membership is subject to approval and/or interview by Rabbi.

You will receive a Letter of Confirmation within ten (10) days of the date of receipt of this application of membership.

I agree to pay the Annual Membership fee of \$_____.

I, _____, declare that all the above is true to the best of my knowledge.

Signature: _____

We look forward to having you as a member of The Shul at Newtown family.

Sincerely,

The Shul at Newtown

Rabbi Aryeh Weinstein

Do your children attend Hebrew Day/Afternoon School?

Yes No Where: _____

Programs you'd like us to offer:

Skills you are able to offer:

Past Organizations:

Synagogue Experience:

Credit Card Payment Form

Amount Pledged for Membership _____

Please charge my Membership in a one-time charge \$ _____ (Amount)

Please charge my credit card monthly \$ _____ (Amount)

Credit card type and number _____

Expiration _____ Security Code _____

Name on credit card _____

Signature _____

Please **PRINT** name, address, and telephone number below.
