



## 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 \$360.00. 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:

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Skills you are able to offer:

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Past Organizations:

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Synagogue Experience:

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# 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_