

Perrineville Jewish Center
P.O. Box 308
Perrineville, NJ 08535
732-446-6018

Membership Application

(All information will be kept confidential)

HUSBAND'S LAST NAME _____ FIRST _____ MI _____ DATE OF BIRTH _____
 WIFE'S LAST NAME _____ FIRST _____ MI _____ DATE OF BIRTH _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE # _____ EMAIL ADDRESS _____

RELIGIOUS ORIGINS			
SPOUSE	BORN JEWISH	CONVERTED/ OFFICIATING RABBI*	NOT JEWISH
Husband			
Wife			

CHILDREN					
ENGLISH NAME	HEBREW NAME	GENDER	CONVERTED/ OFFICIATING RABBI*	AGE	BIRTH DATE

* A copy of conversion document(s) must be submitted with the membership application. The Rabbi is the sole arbiter of the validity of the conversion. Qualification for membership on the basis of conversion is vested solely with the Rabbi.

CHK ONE	MEMBERSHIP TYPE	ANNUAL DUES	BLDG FUND**	INITIAL PMNT	FIRST YEAR BALANCE
	MARRIED COUPLE	\$700.00	\$1250.00	\$500.00	\$450.00
	INDIVIDUAL	\$475.00	\$1250.00	\$400.00	\$325.00
	SENIOR MARRIED COUPLE	\$550.00	\$1250.00	\$450.00	\$350.00
	SENIOR INDIVIDUAL	\$400.00	\$1250.00	\$350.00	\$300.00

**** The building fund is payable in \$250.00 per year installments for the first five years of membership.**

If membership terminates prior to 5 years then building fund must be paid in full. The initial payment must accompany this application. 50 % of dues and Hebrew school must be paid by August 31. The balance is due by Dec. 15th. Hebrew school tuition, which is in addition to the above, must also be paid in full by Dec. 15th. A \$50 late fee will be applied to all balances not paid by due date.

You will be automatically renewed unless you notify us in writing by August 31 of the renewal year.

I affirm that at least one spouse is of the Jewish faith and wishes to become a member of the Perrineville Jewish Center. I understand that only those of the Jewish faith are permitted burial in the Perrineville Jewish Center cemetery. I agree to abide by the rules and regulations of the Perrineville Jewish Center.

Husband's Signature _____ Date _____

Wife's Signature _____ Date _____

INITIAL PAYMENT RECEIVED: Membership _____ Hebrew School _____ Check # _____
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