



Park Slope Jewish Center

Membership Application

8th Ave. & 14th St. • Brooklyn, NY 11215
 718.768.1453 • office@psjc.org • www.psjc.org
 Rabbi Carie Carter • Principal Elisabeth Albert

(Please print clearly)

Date: _____

Name(s) and format for mailings/listings: _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: () _____

Wedding Anniversary: _____

What brought you to the Park Slope Jewish Center (PSJC)?

- Word-of-Mouth Advertising/Web Neighborhood/location Friend in the Community. Who? _____
 Hebrew School High Holidays Programs (kids programs, holiday events, etc) Other _____

Adult #1 Gender: _____ **E-Mail:** _____ **PSJC Member in the past?** ___ **When?** _____

Name: _____ **Occupation:** _____

Birth Date: _____ **Business Name:** _____

Jewish? Yes No (see note*) **Work Address:** _____

Hebrew Name: _____ **City:** _____ **State:** _____ **Zip:** _____

Bar/Bat Mitzvah Parasha: _____ **Preferred Daytime Phone:** () _____

*The Conservative Movement defines "Jewish" as one who is born to a Jewish mother or who has undergone a halachic conversion to Judaism. If you have any questions about this, please contact Rabbi Carie Carter.

Adult #2 Gender: _____ **E-Mail:** _____ **PSJC Member in the past?** ___ **When?** _____

Name: _____ **Occupation:** _____

Birth Date: _____ **Business Name:** _____

Jewish? Yes No **Work Address:** _____

Hebrew Name: _____ **City:** _____ **State:** _____ **Zip:** _____

Bar/Bat Mitzvah Parasha: _____ **Preferred Daytime Phone:** () _____

Dues Category:

- ___ **Adult or Single Parent**
- ___ **Family** (households with two Jewish spouses/life partners, with or without children)
- ___ **Limited Income** (please contact Synagogue Treasurer for more information)

- ___ **Affiliate Member** (interfaith couples/family with all regular membership benefits except voting rights for non-Jewish members)
- ___ **Full Time Student**
- ___ **Friend** (Non-resident, non-voting supporter including PSJC Alumnae)

Child #1 M__ F__

First Name: _____

School: _____ Grade: _____

Last Name: _____

Plan to enroll in PSJC Hebrew School? Yes No

Hebrew Name _____

Birth Date: _____

Address (if different from yours): _____ Zip _____

Phone (if different): () _____

Child #2 M__ F__

First Name: _____

School: _____ Grade: _____

Last Name: _____

Plan to enroll in PSJC Hebrew School? Yes No

Hebrew Name _____

Birth Date: _____

Address (if different from yours): _____ Zip _____

Phone (if different): () _____

Child #3 M__ F__

First Name: _____

School: _____ Grade: _____

Last Name: _____

Plan to enroll in PSJC Hebrew School? Yes No

Hebrew Name _____

Birth Date: _____

Address (if different from yours): _____ Zip _____

Phone (if different): () _____

For additional children, please copy this page.

Note: Names, addresses, E-mail, phone numbers, and children's names and birth dates could be included on our community list. If you do not want any of these items to be listed, please check here _____.

PSJC is a synagogue community that prides itself on its large corps of active volunteers. The skills and participation offered by our members are our strength. Please let us know your skills, interests and potential areas of participation. Thanks.

Skills & Experiences

	(Adult #1 name)	(Adult #2 name)
Leading Prayers		
Reading Torah (please list portion(s) that you already know)		
Reading Haftarah (please list portion(s) that you already know)		
Teaching or leading children's or youth services/activities		
Artistic skills (singing, musical instruments, arts or crafts, etc.)		
Computer skills (database, Web site design, other)		
Fund-raising experience		
Finance/accounting		
Building/construction knowledge		
Communication Skills: graphic design, publicity, writing, other		
Other		

Synagogue Committee Interests

(Please indicate which person is interested in each committee you select via initials):

- | | | |
|--|---|---|
| <input type="checkbox"/> Avodah (ritual/prayer) | <input type="checkbox"/> Finance | <input type="checkbox"/> Hevra Kadisha (Shmira-vigil for the dead- and Tahara-ritual preparations of the body for burial) |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Israel Committee |
| <input type="checkbox"/> Adult Programming (arts and culture, speakers, social programs) | <input type="checkbox"/> G'mach (Acts of loving kindness: visit sick, comfort mourners) | <input type="checkbox"/> Library |
| <input type="checkbox"/> Capital Campaign | <input type="checkbox"/> Hebrew School | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Communication/Publicity | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Family Programs | | |

What classes might interest you? (Please indicate which person is interested via initials):

- | | | |
|--|---|--|
| <input type="checkbox"/> Learning to read Hebrew | <input type="checkbox"/> Learning Prayers | <input type="checkbox"/> Jewish Texts (Talmud) |
| <input type="checkbox"/> Adult Bar/Bat Mitzvah | <input type="checkbox"/> Reading Haftarah | <input type="checkbox"/> Jewish History |
| <input type="checkbox"/> Conversational Hebrew | <input type="checkbox"/> Reading Torah | <input type="checkbox"/> Other _____ |

PSJC uses several list serves/E-mail to communicate information and events to various groups. Which lists would you like to be on? Which E-mail should be used for each list? Please list E-mail addresses and then place either a 1 or 2 or both beside each list.

E-mail 1 _____ E-mail 2 _____

- | | |
|--|---|
| <input type="checkbox"/> General PSJC List serve (announcements) | <input type="checkbox"/> Hevra Kadisha List |
| <input type="checkbox"/> PSJC Discussion List serve | <input type="checkbox"/> G'mach List |
| <input type="checkbox"/> PSJC Young Kids List (ages 2-7) | <input type="checkbox"/> Hebrew School List |
| <input type="checkbox"/> PSJC Older Kids List (ages 8-15) | <input type="checkbox"/> Teen/Kadima/USY List |
| <input type="checkbox"/> Social Action List | |

Yahrzeit Information

If you would like to be reminded of the anniversary of the death of a loved one:

Name of deceased	Related to whom?	Relation-ship	Date of death	Died before sundown?*	Hebrew name (transliterated, e.g. "Shmuel son of Avi and Dinah")

*Note: The time of death (before or after sundown) is needed to determine the date of death on the Jewish calendar.

Each adult applying for membership must sign and date the application below.

This application, together with the annual membership dues constitutes my/our application for membership in the Park Slope Jewish Center (PSJC). I/we understand that one of the stated objectives of the Park Slope Jewish Center's By-Laws is the affirmation, promotion and furtherance of full and equal participation of men and women in all aspects of Jewish ritual life, known as the Conservative/Egalitarian form of worship.

Signature _____ Date _____

Signature _____ Date _____

Please return completed applications to: PSJC, 14th Street and 8th Avenue, Brooklyn, NY 11215-5107.
Tel: 718-768-1453 Fax: 718-768-4130 Web: PSJC.org