



Member A

Mr. ___ Mrs. ___ Ms. ___ Dr. ___

Last Name: _____

First Name: _____

Name you go by: _____

Birthday: _____

Are you...? Jewish Not Jewish

If you are Jewish, are you a... (Check all that apply) Jew by Birth Jew by Choice Kohen Israelite Levite Not Sure

If you are a Jew by Choice, please provide the conversion date, place and Rabbi... _____

Bar/Bat Mitzvah Date: _____

Hebrew Name: (Use English letters) _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Cell Phone: _____

Occupation: _____

Business Phone: list in directory _____

Email Address: _____

YES, please add this email to receive electronic information

Member B

Mr. ___ Mrs. ___ Ms. ___ Dr. ___

Last Name: _____

First Name: _____

Name you go by: _____

Birthday: _____

Are you...? Jewish Not Jewish

If you are Jewish, are you a... (Check all that apply) Jew by Birth Jew by Choice Kohen Israelite Levite Not Sure

If you are a Jew by Choice, please provide the conversion date, place and Rabbi... _____

Bar/Bat Mitzvah Date: _____

Hebrew Name: (Use English letters) _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Cell Phone: _____

Occupation: _____

Business Phone: list in directory _____

Email Address: _____

YES, please add this email to receive electronic information

Household Information:

If married, wedding date, synagogue and Rabbi: _____

Previous Synagogue Affiliation (Name/City/State): _____

Residence Address: list in directory _____

Mail Address (if different): list in directory _____

Home Phone: list in directory _____

Please complete for each dependent child in your family

Child #1

Last Name: _____ First Name: _____ Name you go by: _____
 Hebrew Date of Birth: _____ Bar/Bat Mitzvah Date: _____
 Date of Birth: _____
 Hebrew Name: _____
 (Use English letters) _____
 Current School: _____ Current Grade: _____ Expected graduation year: _____
 Residence Address: _____
 (if different home) _____
 Cell Phone: _____ Email Address: _____

Child #2

Last Name: _____ First Name: _____ Name you go by: _____
 Hebrew Date of Birth: _____ Bar/Bat Mitzvah Date: _____
 Date of Birth: _____
 Hebrew Name: _____
 (Use English letters) _____
 Current School: _____ Current Grade: _____ Expected graduation year: _____
 Residence Address: _____
 (if different home) _____
 Cell Phone: _____ Email Address: _____

Child #3

Last Name: _____ First Name: _____ Name you go by: _____
 Hebrew Date of Birth: _____ Bar/Bat Mitzvah Date: _____
 Date of Birth: _____
 Hebrew Name: _____
 (Use English letters) _____
 Current School: _____ Current Grade: _____ Expected graduation year: _____
 Residence Address: _____
 (if different home) _____
 Cell Phone: _____ Email Address: _____

Please complete for each dependent child in your family

Child #4

| | | | | | |
|---|-------|--------------------------|-------|------------------------------|-------|
| Last Name: | _____ | First Name: | _____ | Name you go by: | _____ |
| Date of Birth: | _____ | Hebrew Date of Birth: | _____ | Bar/Bat Mitzvah Date: | _____ |
| Hebrew Name (Use English letters): | _____ | | | | |
| Current School: | _____ | Current Grade: | _____ | Expected graduation year: | _____ |
| Residence Address: (if different home) | _____ | | | | |
| Cell Phone: | _____ | Email Address: | _____ | | |

Child #5

| | | | | | |
|---|-------|--------------------------|-------|------------------------------|-------|
| Last Name: | _____ | First Name: | _____ | Name you go by: | _____ |
| Date of Birth: | _____ | Hebrew Date of Birth: | _____ | Bar/Bat Mitzvah Date: | _____ |
| Hebrew Name: (Use English letters) | _____ | | | | |
| Current School: | _____ | Current Grade: | _____ | Expected graduation year: | _____ |
| Residence Address: (if different home) | _____ | | | | |
| Cell Phone: | _____ | Email Address: | _____ | | |

Office Use Only

| | | | | | |
|------------------------------|-------|-----------------------------|-------|-----------------------------|-------|
| Membership Level: | _____ | Dues Amount: | _____ | Payment Method: | _____ |
| Review by Exec. Director: | _____ | Processed by Membership: | _____ | Processed by Accounting: | _____ |
| Special Arrangements: | _____ | | | | |
| Notes/Comments: | _____ | | | | |
| | _____ | | | | |



NEW MEMBERSHIP FORM, CONT'D.

3662 Crown Point Road • Jacksonville, FL 32257

Phone 904.268.4200 • Fax: 904.268.5292

Website: jjcjax.org • Email: memberoutreach@jaxjewishcenter.org

Relationship to other Jacksonville Jewish Center members:

| | |
|-------|---------------|
| Name: | Relationship: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Yahrzeit information for loved ones:

| Name: | Hebrew Name: | Hebrew Date of Death: | Secular Date of Death: | Before Sundown? Yes <input type="checkbox"/> No <input type="checkbox"/> | Relationship: |
|-------|--------------|--------------------------|---------------------------|---|---------------|
| _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |

Is there anything special you would like to share with us?

Membership Agreement:

I (we) hereby apply for membership at the Jacksonville Jewish Center, a Conservative Congregation affiliated with the United Synagogue of Conservative Judaism, and the Jewish Theological Seminary of America. I (we) agree to comply with all of its rules and regulations including its by-laws and the financial obligations imposed on its members, and understand that in so doing, I (we) will be entitled to all the rights and privileges of a member in good standing.

The Jacksonville Jewish Center has permission to use my (or my family member's) name and/or photograph in press releases, ads, audio/visual/print news stories and websites. Check one: YES NO

Member
Signature: _____ Print Name: _____ Date: _____

Co-Member
Signature: _____ Print Name: _____ Date: _____

Opportunities for Participation

The Jacksonville Jewish Center community is one that is open and active. By participating in the life of The Center you can connect to friends and community, grow in knowledge and spirit, experience traditions and gain by giving of yourself.

Please indicate your areas of interest. (Member A: first box – Member B: second box). Check all that apply, complete the information and return this form to The Center office.

We will contact you regarding your interests as soon as possible! We look forward to joining with you to make The Center **YOUR Center!**

Education

A B

- Preschool - 12th Grade Education
- Adult Education Committee
- Shabbaton Programming Committee
- Havurot - Social / Study Groups
- Volunteer Hebrew / Judaic teaching services

- Scouts
- Shabbat Greeter
- Sisterhood
- Usher for High Holy Days
- Young Adults
- Young Families
- Youth/USY/Kadima/Chalutzim
- Youth Summer Programs

Spirituality

- Musical Involvement
- D'Var Torah
- Gabbaim
- Holiday Programming
- Leading Services
- Morning / Evening Minyan
- Purim Programming
- Religious Committee
- Services Advisory (Ritual, Services, Holidays)
- Shul Programming
- Torah Reading

Administration

- Archive Committee
- Building & Grounds
- Fundraising
- Cemetery Committee
- Office Volunteers
- Marketing

Acts of Kindness

- Hesed Committee
- Visiting the Sick
- Providing celebration/shiva meals
- Social Action Committee

Community

- Membership
- Empty Nesters
- Men's Club

Other _____

Name(s): _____ Daytime Phone: _____

Email Address: _____



MEMBER ACCOUNT CHANGE REQUEST

3662 Crown Point Road • Jacksonville, FL 32257
Phone 904.268.4200 • Fax: 904.268.5292

Website: jjcjax.org • Email: memberoutreach@jaxjewishcenter.org

Member Account to be adjusted:

Name: _____ Address: _____

Requested Change:

Dues Adjustment Current: _____ New: _____

Dues Payment Schedule Change Current: _____ New: _____

Write off (additional approval required*) Amount: _____

Effective Date: _____

Explanation: _____

| | | |
|---------------------------|-------------------------|--|
| Requested by: _____ | Date of Request: _____ | Processed by: _____ |
| Executive Director: _____ | Date of Approval: _____ | Date Processed: _____ |
| *VP of Finance: _____ | Date Processed: _____ | <input type="checkbox"/> copy in member file <input type="checkbox"/> copy in binder |



MEMBER ACCOUNT CHANGE REQUEST

3662 Crown Point Road • Jacksonville, FL 32257
Phone 904.268.4200 • Fax: 904.268.5292

Website: jaxjewishcenter.com • Email: info@jaxjewishcenter.com

Member Account to be adjusted:

Name: _____ Address: _____

Requested Change:

Dues Adjustment Current: _____ New: _____

Dues Payment Schedule Change Current: _____ New: _____

Write off (additional approval required*) Amount: _____

Effective Date: _____

Explanation: _____

| | | |
|---------------------------|-------------------------|--|
| Requested by: _____ | Date of Request: _____ | Processed by: _____ |
| Executive Director: _____ | Date of Approval: _____ | Date Processed: _____ |
| *VP of Finance: _____ | Date Processed: _____ | <input type="checkbox"/> copy in member file <input type="checkbox"/> copy in binder |