



Astoria
Center
of
Israel

Membership Application 5776 (2015-16)

I. General Information

Name: _____ Single Membership ___ Family Membership ___

Street Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address(es) _____

Date of Birth: _____ Sex: F___ M___ Marital Status: _____ Anniversary: _____

Occupation _____ Business Phone: _____

Place of Employment: _____

Business Address _____

Hebrew Name (including parents' Hebrew names): _____

Emergency Contact _____

If applicable:

Name of Spouse : _____ Jewish: Yes ___ No ___

Street Address: _____ Apt./Suite: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address(es) _____ Date of Birth: _____

Occupation _____ Business Phone: _____

Place of Employment: _____

Business Address _____

Hebrew Name (including parents' Hebrew names): _____

Emergency Contact _____

Do you have relatives or friends associated with us? _____

II. Children (if applicable):

Child 1

Name: _____ Hebrew Name: _____

Date of Birth: _____ Sex: F___ M___ School: _____ Grade: _____

Lives at home? ___ If not, may we have an address and phone # _____

Marital Status: _____ Anniversary date _____ Name of spouse _____

Name(s) of child(ren) _____

Child 2

Name: _____ Hebrew Name: _____

Date of Birth: _____ Sex: F___ M___ School: _____ Grade: _____

Lives at home? ___ If not, may we have an address and phone # _____

Marital Status: _____ Anniversary date _____ Name of spouse _____

Name(s) of child(ren) _____

Child 3

Name: _____ Hebrew Name: _____

Date of Birth: _____ Sex: F___ M___ School: _____ Grade: _____

Lives at home? ___ If not, may we have an address and phone # _____

Marital Status: _____ Anniversary date _____ Name of spouse _____

Name(s) of child(ren) _____

III. Yortzeit (memorial) Information (By providing this information, you will receive a yearly reminder of the Hebrew anniversary of the death of your loved one, whose name will read from the pulpit at that time)

Name: _____ Hebrew Name: _____
Relationship: _____ Secular Date of Death: _____
Hebrew Date of Death: _____ (If you don't know, contact the Rabbi to determine)

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Relationship: _____ Secular Date of Death: _____
Hebrew Date of Death: _____ (If you don't know, contact the Rabbi to determine)

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Relationship: _____ Secular Date of Death: _____
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IV. Membership Dues Information for 5776 (2015-16)

$\frac{1}{2\pi}$ **\$1000 Family membership**

$\frac{1}{2\pi}$ **\$500 Single membership**

Both memberships include:

- Two tickets for High Holiday services.
- Children 23 years old and younger are free
- Tot Shabbat twice-monthly program (infant through age 5)
- Lunch and Learn study sessions
- Admission to Hebrew School for children age 6-13 (additional fees, discounted for members)
- Admission to Bar/Bat Mitzvah track with tutoring (additional fees)
- Year-round Shabbat and Festival services
- Hebrew language classes
- Conversion classes
- Ba'alat Mitzvah classes
- Adult Jewish Learning classes
- Discounts on our many programs and activities for all ages
- Discounts on ACI Town Hall engagements (concerts, interviews, shows, events)
- Free subscription to The Friday Flyer (weekly e-blast)
- Free subscription to ACI Bulletin (monthly printed newsletter sent by postal mail)

PLEASE NOTE: You are welcome to pay dues in full now, or over the course of the year in monthly or quarterly installments.

$\frac{1}{2\pi}$ Associate Membership is \$100 per household. ACI has many associate members all around the United States, these friends of the synagogue have ventured away from New York. Associate members get a free subscription to the ACI Bulletin (our monthly newsletter) and are valuable contributors to the synagogue!

Date: _____ Signed: _____ Signed: _____

Astoria Center of Israel

Rabbi Jonathan Pearl, Ph.D. Cantor George Lindenblatt

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