



Astoria Center of Israel

Membership Application 2009-10

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 _____

II. Children (if applicable):

Child 1

Name: _____ Hebrew Name: _____

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

Interests/Talents _____

Special Needs (if applicable): _____

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: _____

Interests/Talents _____

Special Needs (if applicable): _____

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: _____

Interests/Talents _____

Special Needs (if applicable): _____

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. Other information

1. Do you have relatives or friends associated with us? _____

2. Are you interested in cemetery privileges? Yes _____ No _____

If Jewish, is your spouse interested in cemetery privileges? Yes _____ No _____

Once you join, we will be pleased to send you a welcome packet which will include a form to fill out to inform us of your family *Yartzeit* dates, and of your own particular synagogue skills, interests, and talents.

IV. Membership Dues Information for 2009-2010 (can be paid in installments)

Membership is \$350 per adult. This includes voting rights, a free subscription to the ACI Bulletin (our monthly newsletter), as well as discounted rates on High Holy Day tickets and certain other events.

Family membership is \$700 for a couple, with their children under age 18 included. There is a separate application and fee for the Shabbat Children's Program, and separate expenses related to Bar/Bat Mitzvah.

Associate Membership is \$80 per adult. 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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