



Membership Application

All information provided will be kept confidential, and is only to help us better serve your needs.

.....
Contact Information:

_____/_____
 Name (Member 1) Spouse's Name (Member 2)

Single: ____ Married: ____ Divorced: ____ Widowed: ____ Kohen: ____ Levi: ____

Address: _____ Apt. _____

City: _____ State _____ Zip _____

Phone: _____

Member 1 Cell Phone: _____ Email: _____

Member 2 Cell Phone: _____ Email: _____

Business Address (Member 1) Join our Email list? _____

Company Name: _____ Occupation: _____

Address: _____ Phone: _____

City: _____ State _____ Zip _____ Fax: _____

Business Address (Member 2)

Company Name: _____ Occupation: _____

Address: _____ Phone: _____

City: _____ State _____ Zip _____ Fax: _____

	Member 1	Member 2
Full Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		

Please list the following dates for you (and your spouse/children, if applicable):

Birthdays: Member 1: _____ Member 2: _____ Anniversary: _____

Names and Birthdates of Children: _____

Emergency Contact Information: Name: _____

Relationship: _____ Phone Number: _____

Please complete in the exact manner you wish your mail to be addressed. Print clearly.

Name (Mr., Mrs., Ms., Rabbi, Dr.) _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Yahrzeits

If you don't know the (H)ebrew/ (E)nglish date of death, enter the one you know, and we can look it up

Deceased name	Relative of/Relation to	Date of Death (E)	Date of Death (H)

Membership Information

Our Membership Year is Computed From Jan. 1-Dec. 31. Annual Membership Dues are:

Family \$1900 _____

Single \$ 900 _____

Contributing Membership (outside of Manhattan only):

Contributing Family ** \$180 _____

Contributing Single ** \$ 120 _____

Amsterdam Minyan Family/Couple: \$360 _____

Amsterdam Minyan Single: \$180 _____

Full-Time Student (I.D. required) \$100 _____

Pay By Visa/MC/AmEx: Card Number: _____ Exp: _____

Date _____ Signature _____

*** Contributing members are families or singles who do not live in the Manhattan area but who wish to support the work of Lincoln Square Synagogue. With the exceptions of discounts on classes at the Joseph Shapiro Institute and the ability to vote at membership meetings, contributing members enjoy all member privileges and member discounts on all Lincoln Square programs.*

Program Information

I am interested in participating in the following activities:

Adult Education _____

Membership _____

HOLIDAY COMMITTEES

Blood Drive _____

Outreach _____

Chanukah _____

Buildings & Grounds _____

Publicity _____

High Holidays _____

Bulletin _____

Seniors _____

Pesach _____

Chesed _____

Singles _____

Purim _____

Dinner/Journal _____

Social Action _____

Shavuot _____

Food Funnel _____

Theater Party _____

Sukkot _____

Fund Raising _____

Ushering _____

Yom Haatzmaut _____

Gesher _____

Volunteers _____

Yom Hashoah _____

Hospitality _____

Young Couples _____

Israel _____

Youth _____

Mailings _____

Other (please specify) _____