

The Jewish Center of the Hamptons



GATES OF THE GROVE

Membership Profile

THE JEWISH CENTER OF THE HAMPTONS

P.O. Box 5107, East Hampton NY 11937 | 631.324.9858 | www.jcoh.org

Rabbi Sheldon Zimmerman | Cantor Debra Stein | Diane Wiener, Executive Director
Shelley Lichtenstein, Director of Education & Programming | Michael Salzhauer, President

For official use: Member ID: _____ date of entry: _____ intake by: _____ special notes: _____

HOUSEHOLD: Preferred format: _____
(i.e.: Adam & Eve Garden, Mr. & Mrs. Garden, Mr. Garden & Mrs. Gardenia)

Marital Status: Single Married –Anniversary date : _____ Divorced Widowed

Primary home mailing address _____ Zip _____

() _____ () _____
Primary home phone Other home phone

Secondary home mailing address _____ Zip _____

() _____ Email: _____
Secondary home phone

Send my mail to Primary home during the months of _____ thru _____ & to Secondary home _____ thru _____.

I/We are/were also members of another synagogue: _____ in _____

ADULT #1 _____ (Mr., Mrs., Ms., Dr.) _____
Name (first, middle, last)

Nickname Birthdate Hebrew name

Work: _____ (name & address of business)

Occupation/position _____ Work phone: () _____

Skills: Read/speak Hebrew Read/chant Torah Teach children

Please check activities in which you would like to participate:

- | | |
|--|---|
| <input type="checkbox"/> Adult B'nai Mitzvah | <input type="checkbox"/> Outreach to Mixed Marrieds |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> Cultural Programs | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Family Programming | <input type="checkbox"/> Youth Group |

Volunteer opportunities:

- | |
|---|
| <input type="checkbox"/> Greeting & ushering on Shabbat |
| <input type="checkbox"/> Mailings/office help |
| <input type="checkbox"/> Library |
| <input type="checkbox"/> Other: _____ |

ADULT #2 _____ (Mr., Mrs., Ms., Dr.) _____
Name (first, middle, last)

Nickname Birthdate Hebrew name

Work: _____ (name & address of business)

Occupation/position _____ Work phone: () _____

Skills: Read/speak Hebrew Read/chant Torah Teach children

Please check activities in which you would like to participate:

- | | |
|--|---|
| <input type="checkbox"/> Adult B'nai Mitzvah | <input type="checkbox"/> Outreach to Mixed Marrieds |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Religious School |
| <input type="checkbox"/> Cultural Programs | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Family Programming | <input type="checkbox"/> Youth Group |

Volunteer opportunities:

- | |
|---|
| <input type="checkbox"/> Greeting & ushering on Shabbat |
| <input type="checkbox"/> Mailings/office help |
| <input type="checkbox"/> Library |
| <input type="checkbox"/> Other: _____ |

CHILDREN

Member ID

CHILD #1

First name Middle name Last name
 male female / /
Nickname Birthdate Hebrew name

Email: Dependent? Yes or No

School name/location: Grade: Major:

Full mailing address:

Skills: Read/speak Hebrew Read/chant Torah Youth Group member Play musical instrument

Hobbies, interests, other information:

Religious School at JCOH At another synagogue:

Camp Karole camper Youth Group member

Single Married Anniversary date / / Name of spouse:

Grandchildren names and ages:

CHILD #2

First name Middle name Last name
 male female / /
Nickname Birthdate Hebrew name

Email: Dependent? Yes or No

School name/location: Grade: Major:

Full mailing address:

Skills: Read/speak Hebrew Read/chant Torah Youth Group member Play musical instrument

Hobbies, interests, other information:

Religious School at JCOH At another synagogue:

Camp Karole camper Youth Group member

Single Married Anniversary date / / Name of spouse:

Grandchildren names and ages:

CHILD #3

First name Middle name Last name
 male female / /
Nickname Birthdate Hebrew name

Email: Dependent? Yes or No

School name/location: Grade: Major:

Full mailing address:

Skills: Read/speak Hebrew Read/chant Torah Youth Group member Play musical instrument

Hobbies, interests, other information:

Religious School at JCOH At another synagogue:

Camp Karole camper Youth Group member

Single Married Anniversary date / / Name of spouse:

Grandchildren names and ages:

Yahrzeit- Reminder notices for anniversary of death will be mailed as requested below [please print]:

1) Name of Loved One _____
English *Relationship*

Secular date of death ___/___/___ After sundown? _ yes _no To be remembered according to _Secular_Hebrew Date

2) Name of Loved One _____
English *Relationship*

Secular date of death ___/___/___ After sundown? _ yes _no To be remembered according to _Secular_Hebrew Date

3) Name of Loved One _____
English *Relationship*

Secular date of death ___/___/___ After sundown? _ yes _no To be remembered according to _Secular_Hebrew Date

4) Name of Loved One _____
English *Relationship*

Secular date of death ___/___/___ After sundown? _ yes _no To be remembered according to _Secular_Hebrew Date

5) Name of Loved One _____
English *Relationship*

Secular date of death ___/___/___ After sundown? _ yes _no To be remembered according to _Secular_Hebrew Date

Please contact me regarding: Memorial Plaques Pew Plaques

CEMETERY INFORMATION

Do you now own cemetery internment rights? Yes No

If Yes, where? _____

Are you interested in being contacted about cemetery plots at the Jewish Center's Cemetery?

Yes No

Shaarey Pardes Accabonac Grove Cemetery

306 Old Stone Highway
East Hampton, NY 11937