

# Congregation Habonim קהילת הבונים

44 West 66th Street New York, NY 10023 212.787.5347 fax 212.595.3542 www.habonim.net

We are *Habonim*, "the builders," a community that works together to build meaningful Jewish experiences for ourselves and our families. We extend an invitation to you to join our congregation for prayer, study and friendship, and hope that you will join us as we grow together as individuals, families and as a community. We look forward to a long and meaningful relationship with you.

## Membership Information

### Adult #1

Title  Mr.  Ms.  Mrs.  Dr.  Rabbi  Other \_\_\_\_\_

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Family / Personal Email \_\_\_\_\_

Family Fax \_\_\_\_\_

Profession/ Title \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_ ext. \_\_\_\_\_

Business Email Address \_\_\_\_\_

Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Sex  Male  Female

Wedding Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Office Use Only

Dues Amount NS  
Dues with Application RS  
Date received

### Adult #2

Title  Mr.  Ms.  Mrs.  Dr.  Rabbi  Other \_\_\_\_\_

Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Family / Personal Email \_\_\_\_\_

Family Fax \_\_\_\_\_

Profession/Title \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_ ext. \_\_\_\_\_

Business Email Address \_\_\_\_\_

Fax \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Sex  Male  Female

### Membership

*please check one:*

- New Individual  Individual  
 New Family  Family  
 New Single Parent  Single Parent Family  
 Student  
 Chaver

### Children (under age 18)

Name	Hebrew Name	Date of Birth	Bar/Bat Mitzvah Date	School/Occupation
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

### Adult Children

Name	Hebrew Name	Date of Birth	Bar/Bat Mitzvah Date	School/Occupation
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	
		/ /	/ /	

### Parents of Members

Name	Home Address	City	State	Zip Code

### Yahrzeits

It is our custom to remind congregants of the yahrzeits of their loved ones.

Name of Loved One (English)	(Hebrew)	Date of Death Hebrew or English	Relationship	Time of death if known
				<input type="radio"/> day <input type="radio"/> night
				<input type="radio"/> day <input type="radio"/> night
				<input type="radio"/> day <input type="radio"/> night
				<input type="radio"/> day <input type="radio"/> night
				<input type="radio"/> day <input type="radio"/> night
				<input type="radio"/> day <input type="radio"/> night

Please notify the synagogue office if you would like to add more yahrzeits.

# Being a Part of the Habonim Community

Twice in *Pirke Avot*, the Chapters of Our Ancestors, we are reminded:

**אל תפריד פן תצטר**

*Do not separate yourself from your community.*

Please join us as we fulfill the dream of our founders, *Habonim*, the builders, and build our community together.

## We would like to volunteer our time in the following areas:

- Adult Education
- Bikkur Cholim*
- Brotherhood
- Communication
- Family Life
- Fundraising
- High Holidays
- Membership
- Menachem Avelim*  
(comforting mourners)
- Nursery School
- Queens
- Religious School

- Ritual
- Shabbat
- Sisterhood
- Youth
- Other

Friday nights

## **Areas of expertise which you would be willing to share with the congregation**

- Computers/Internet
- Davening or leading services
- Graphic design
- Public relations/Marketing
- Reading Torah and Haftarah
- Website
- Writing/editing our Bulletin
- Giving a Dvar Torah
- Teaching in our Shabbat Beit Midrash
- Other

## **I am available to volunteer for**

- Mailings
- Phone calls
- Street fairs
- Spring Mixer
- Setting up for events
- Children's storytelling on

## Membership/Previous Congregational Affiliation

If you are a member of Congregation Habonim, when did you join? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of previous congregation and location \_\_\_\_\_

When? For how long?

\_\_\_\_\_

Were you active in synagogue life? If so, in what capacity?

## Congregation Habonim's Membership Directory

I/we would like to be listed in the Congregation Habonim Directory as:

\_\_\_\_\_

Please include our:

- Home address and phone number    business address and phone number    children's names

## Additional Information

Please add us to the *Habonim E-Newsletter list*.  
Our email addresses are listed on the front page of this application.

Can we list your name in our bulletin for

- Birthdays (without year)
- Children's birthdays (without year)
- Anniversaries
- Contributions

# What brings you to Congregation Habonim?

- Nursery School
- Religious School
- Family relationship with synagogue
- Neighborhood location
- Friends belong (Name) \_\_\_\_\_
- Desire to be involved in a Jewish community
- Interested in learning and growing Jewishly
- Other \_\_\_\_\_

## How did you hear about us?

- Referred by a friend
- Saw an advertisement about our programs
- Came to services
- Other \_\_\_\_\_

## Other Affiliations

Are you involved with other organizations or community institutions? If yes, which ones?  
Have you held a leadership position (board member, committee chairperson, etc.) in another organization?

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I/We hereby apply for membership in Congregation Habonim. As a member, I/we agree to abide by the bylaws, rules and regulations of the congregation.

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_