



Manetto Hill

JEWISH CENTER

RABBI NEIL SCHUMAN
Spiritual Leader

SUSAN MARTIN
Education Director

Application for Membership

July 1, 2023 - June 30, 2024

Welcome to Manetto Hill Jewish Center. We are delighted you are joining MHJC. We ask you to complete this application so that we can better understand and serve your needs.

Do you wish to receive all your communications through email/electronically? Please complete the attached form.

Preferred way for mail to be addressed _____

Street address _____

City/state/zip _____

	ADULT 1	ADULT 2
Name		
Cell phone		
Home phone		
E-mail address		
Occupation		
Birthday (m/d/y)		
Hebrew name –Transliterated (e.g. “Zalman son of Avraham & Sarah”) and, if you can, in Hebrew – we will email you if needed.	<input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAEL	<input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAEL
Spiritual Journey	<input type="checkbox"/> Jewish by birth <input type="checkbox"/> Jewish by choice <input type="checkbox"/> Other tradition of faith _____	<input type="checkbox"/> Jewish by birth <input type="checkbox"/> Jewish by choice <input type="checkbox"/> Other tradition of faith _____
Wedding anniversary (if applicable) (m/d/y)		

MHJC welcomes interfaith, LGBTQ+ and all families looking for a warm and inclusive Jewish community.

Your children (if applicable)

Name	Date of Birth	Hebrew name (transliterated and, if you can, spelled in Hebrew-will email you if needed)	Last Religious School Year Attended

****Please note that there is a separate application for the Religious School. Please contact the main office, so that we can assist in enrolling your child(ren) in our Religious School.****

Yahrzeit (Memorial) Information

Member's Name	Deceased's Name	Relation	Date of Death m/d/y	After sundown
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N

We encourage active participation in synagogue programming, organizational leadership and religious ritual. Please check the committees that you are interested in and we will contact you:

Please check any areas of interest:	Adult #1	Adult #2		Adult #1	Adult #2
Education	<input type="checkbox"/>	<input type="checkbox"/>	Israeli Community/Jewish Affairs & Social Action	<input type="checkbox"/>	<input type="checkbox"/>
Interfaith	<input type="checkbox"/>	<input type="checkbox"/>	Membership	<input type="checkbox"/>	<input type="checkbox"/>
Building / House	<input type="checkbox"/>	<input type="checkbox"/>	Men's Club*	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Ritual	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood*	<input type="checkbox"/>	<input type="checkbox"/>

*Membership in Men's Club and Sisterhood is \$36 and is complementary for your first year at MHJC.

Suggestions: _____

<i>Skills & Experiences</i>	Adult #1	Adult #2
Previous Jewish education (Religious school, day school, high school, college)		
Reading Torah (please list portion(s) that you already know)		
Reading Haftarah (please list portion(s) that you already know)		
Artistic skills (singing, musical instruments, arts or crafts, etc.)		
Computer skills (database, Web site design, other)		
Fund-raising experience		
Other		

Previous synagogue affiliation (if any) – List name and location

Adult 1 _____ Adult 2 _____

How did you learn about MHJC? Members? _____ If yes, who? _____

Other? _____ If yes, who/what? _____

Why did you decide to join MHJC? _____

Please let us know of any food or other allergies that you or members of your family may have: _____

Please note that we primarily communicate via email to reduce our paper consumption.

Please check here if you want to receive invoices for your fulfillment of your Sustaining Pledge via hard copy mail _____.)

Signature - Adult 1 _____ *Date* _____

Signature - Adult 2 _____ *Date* _____

----- FOR OFFICE USE -----
 Date Received _____ **Membership**

MEMBER FORM FOR EMAIL/STANDARD MAIL

While much of our day-to-day correspondence is via email, many members have requested an option for electronic mail only. Please check the appropriate box below to indicate whether you'd prefer to receive communications from MHJC via email, or if you'd rather continue to receive periodic paper mailings of forms and other materials.

Member/Family Name(s): _____

Please email all correspondence from MHJC to the following email address(es).*

Email address: _____

Email address: _____

I/We prefer not to opt out of standard mail. Please continue to send periodic paper mailings.

Signature(s): _____ Date: _____

Signature(s): _____ Date: _____

Signatures may be obtained and transmitted by facsimile or pdf in which case those signatures shall be deemed original and valid signatures.

*In order to opt out of mailings, a valid working email address must be supplied for each person who wishes to do so. MHJC reserves the right to send paper mailings when deemed necessary. High Holiday tickets, parking passes, etc., will always be printed and available for pickup.

Preferences will be updated quarterly, on or about January 1st, April 1st, July 1st and September 1st.

This form can be filled out online, saved as a PDF and emailed to MHJCOffice@gmail.com or mailed to MHJC, 244 Manetto Hill Road, Plainview, NY 11803.

Thanks for your help in updating your preferences!