



Congregation Sha'arey Ha-Yam

Gates of the Sea

P.O. Box 1268, Manahawkin, NJ 08050

(609) 698-4459

Website: reformjewishcommunity.org

MEMBERSHIP APPLICATION (Please print)

ADULT #1		
Name (last, First):		
Title you prefer (circle one): Dr. Mr. Mrs. Ms.		
Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	
Email Address:		
I/We would like to receive information via email, this includes our newsletter, member alerts and special information that pertains to our Congregation or special events (Circle one): Yes No		
Date of Birth:		
Wedding Anniversary:		
ADULT #2		
Name (last, First):		
Title you prefer (circle one): Dr. Mr. Mrs. Ms.		
Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	
Email Address:		
I/We would like to receive information via email, this includes our newsletter, member alerts and special information that pertains to our Congregation or special events (Circle one): Yes No		
Date of Birth:		
Wedding Anniversary:		
MINOR CHILDREN OR DISABLED ADULTS LIVING WITH YOU (attached additional sheets if necessary)		
NAME	DATE OF BIRTH	INTERESTED IN RELIGIOUS SCHOOL: Y/N

**I/WE WISH TO BECOME MEMBERS OF:
CONGREGATION SHA'AREY HA-YAM**

Single membership	\$330.00 per adult	\$
Family Membership	\$660.00 per family	\$
Total Enclosed payable to: Congregation Sha'arey Ha-Yam		\$

Yahrzeits to be Remembered (attach additional sheets if necessary)

LAST NAME/FIRST NAME	HEBREW NAME (IF KNOWN)	RELATIONSHIP	DATE OF Yahrzeit: SECULAR DATE	DATE OF Yahrzeit: HEBREW DATE (IF KNOWN)

I/WE ARE INTERESTED IN JOINING THE FOLLOWING COMMITTEES

COMMITTEE NAME	INDICATE WITH AN "X" BELOW
Ritual Committee	
Membership Committee	
Fundraising Committee	
Hospitality Committee	
Newsletter Committee	
Publicity Committee	
Education/Religious School Committee	