GREAT NECK SYNAGOGUE

26 Old Mill Road • Great Neck, NY 11023

(516) 487-6100 • Fax: (516) 487-6149 • www.gns.org

MEMBERSHIP APPLICATION

Date _____

Please attach a current photo of yourself (and spouse if joining as a couple). You may also email the photo to Mark Twersky at mtwersky@gns.org

Name(s) of Applicant(s) _____

_____

Home Address _____

_____ Zip Code _____

Home Telephone _____

Business Telephone (M) _____ (F) _____

Cell phone (M) _____ (F) _____

Email (M) _____ (F) _____

I/We herewith apply for membership in Great Neck Synagogue. I/We agree that, if elected to membership, I/we will abide by the constitution, by-laws, and other rules and regulations of the Congregation now in force or hereafter to be adopted. The dues for membership as well as all other assessments shall be paid as determined by the Board of Directors.

Signature: _____

Signature: _____

GNS Sponsor: _____

MALE

❑ Mr. ❑ Dr. ❑ Rabbi ❑ Other _____ Date of Birth ____/____/_____

First Name _____ Middle Name _____

Last Name _____

Occupation or Profession _____

Specialization or Expertise _____

Title _____ Company Name _____

Business Address _____ Zip Code _____

Business Telephone _____ Fax _____

Marital Status _____ Blood Type _____

Father's Full Name _____

Mother's First and Maiden Name _____

Paternal Grandfather (First)_____ (Last)_____

Maternal Grandmother (First)_____ (Last)_____

Maternal Grandfather (First)_____ (Last)_____

Maternal Grandmother (First)_____ (Last)_____

Are/were any of your family members Holocaust survivors? _____

Past and Present Synagogue and Communal Affiliations _____

Bar Mitzvah Parsha _____

Hebrew Names

If you were converted, please provide the date of conversion and the name of the supervising Rabbi, as well as a copy of your conversion certificate.

Member's Hebrew Name (Print in Hebrew and English): _____

❑ Kohen ❑ Levi ❑ Yisrael

Father _____ Mother _____

FEMALE

❑ Mrs. ❑ Ms. ❑ Dr. ❑ Other _____ Date of Birth ____/____/_____

First Name _____ Middle Name _____

Last Name _____

Occupation or Profession _____

Specialization or Expertise _____

Title _____ Company Name _____

Business Address _____ Zip Code _____

Business Telephone _____ Fax _____

Marital Status _____ Blood Type _____

Father's Full Name _____

Mother's First and Maiden Name _____

Paternal Grandfather (First)_____ (Last)_____

Maternal Grandmother (First)_____ (Last)_____

Maternal Grandfather (First)_____ (Last)_____

Maternal Grandmother (First)_____ (Last)_____

Past and Present Synagogue and Communal Affiliations _____

_____

Hebrew Names

If you were converted, please provide the date of conversion and the name of the supervising Rabbi, as well as a copy of your conversion certificate.

Member's Hebrew Name (Print in Hebrew and English): _____

❑ bat Kohen ❑ bat Levi ❑ bat Yisrael

Father _____ Mother _____

CHILDREN

If any of your children were converted, please provide the date(s) of conversion and the name(s) of the supervising Rabbi(s), as well as a copy of the conversion certificate(s).

First Name _____ Last Name _____

Hebrew Name _____ Date of Birth ____/____/_____

School Attending _____ Current Grade _____

Address (if different from member) _____

Email Address _____ Spouse's Name _____

First Name _____ Last Name _____

Hebrew Name _____ Date of Birth ____/____/_____

School Attending _____ Current Grade _____

Address (if different from member) _____

Email Address _____ Spouse's Name _____

First Name _____ Last Name _____

Hebrew Name _____ Date of Birth ____/____/_____

School Attending _____ Current Grade _____

Address (if different from member) _____

Email Address _____ Spouse's Name _____

First Name _____ Last Name _____

Hebrew Name _____ Date of Birth ____/____/_____

School Attending _____ Current Grade _____

Address (if different from member) _____

Email Address _____ Spouse's Name _____

Please use a separate sheet for additional children

YAHRZEITS

Deceased's Full English Name _____

Hebrew Name _____ Relationship _____

Date of Death _____ After Nightfall? ❑ Yes ❑ No

Deceased's Full English Name _____

Hebrew Name _____ Relationship _____

Date of Death _____ After Nightfall? ❑ Yes ❑ No

Deceased's Full English Name _____

Hebrew Name _____ Relationship _____

Date of Death _____ After Nightfall? ❑ Yes ❑ No

Deceased's Full English Name _____

Hebrew Name _____ Relationship _____

Date of Death _____ After Nightfall? ❑ Yes ❑ No

Deceased's Full English Name _____

Hebrew Name _____ Relationship _____

Date of Death _____ After Nightfall? ❑ Yes ❑ No

Deceased's Full English Name _____

Hebrew Name _____ Relationship _____

Date of Death _____ After Nightfall? ❑ Yes ❑ No

Deceased's Full English Name _____

Hebrew Name _____ Relationship _____

Date of Death _____ After Nightfall? ❑ Yes ❑ No

SYNAGOGUE PARTICIPATION

The sages teach us that the world rests upon three supporting pillars: Torah (the study of Jewish texts), Avodah (involvement in communal activities), and Gemilut Chasadim (performance of kind acts). In order to help us better serve you and your family, and to facilitate your participation in the Congregation's activities, please indicate those areas which are of interest to you:

Torah

F	M	
❑	❑	Bible
❑	❑	Talmud
❑	❑	Jewish Law
❑	❑	Jewish Thought
❑	❑	Jewish History
❑	❑	Hebrew Language
❑	❑	Basic Judaism
❑	❑	Prayer
❑	❑	Beginners Program

Avodah

F	M	
	❑	Daily Minyan
❑	❑	Shiva House
❑	❑	Ushering
	❑	Torah Reading
	❑	Haftara
	❑	Gabbai
	❑	Chazan
❑		Women's Tefila

Gemilut Chasadim

F	M	
❑	❑	Bikur Cholim
❑	❑	Chevra Kadisha
❑	❑	Israel Action Committee
❑	❑	Shabbat Hospitality
❑	❑	Chesed Committee
❑		Sisterhood
	❑	Men's Club

Great Neck Synagogue members whom you know (if related, indicate relationship)

_____

_____

_____

_____

Please provide additional information, including special interests or needs:

_____