



**JEWISH COMMUNITY CENTER
OF LONG BEACH ISLAND**
2411 Long Beach Blvd., Spray Beach, NJ. 08008
(609) 492-4090 • www.jccoflbi.org • jccoflbi@gmail.com • fax (609) 492-7550

2025 NEW MEMBERSHIP APPLICATION

ENCLOSED IS: Family Membership \$600 _____ Single Membership \$300 _____
Security Fee \$175 _____ Security Fee \$87.50 _____

Member 1

Member 2

Mr. Mrs. Ms. Dr.: _____

Mr. Mrs. Ms. Dr.: _____

E-Mail: _____

E-Mail: _____

Cell Phone: _____

Cell Phone: _____

Primary Address: Check if year round
 mailing address

Secondary Address:

Address: _____

Address: _____

City: _____

City: _____

State, Zip: _____

State, Zip: _____

Phone: _____

Phone: _____

___ I DO NOT WISH TO BE INCLUDED IN THE MEMBERSHIP DIRECTORY

___ I am interested in placing a black and white business card size ad for my BUSINESS in the Bulletin.
\$25 each issue or \$100 for all 5 issues

___ I am interested in placing a black and white ad for my BUSINESS in the Membership Directory. (Please circle)
FULL PAGE: \$60.00 HALF PAGE: \$30.00 ¼ PAGE or BUSINESS CARD \$15.00

If so, contact the JCC office (609-492-4090 or jccoflbi@gmail.com), and provide a business card or ad copy. **Checks should be made out to the JCC of LBI and mailed to 2411 Long Beach Blvd., Spray Beach, NJ 08008**

The JCC Bulletin can be viewed on-line at www.jccoflbi.org, and will only be mailed if requested. If you can view it on-line please don't request a mail copy, and help us save the cost of printing & mailing.

___ Sorry, I still need to receive a printed copy.

MEMBER INFORMATION:

MEMBER 1

MEMBER 2

ENGLISH NAME: _____

HEBREW NAME: _____

OCCUPATION: _____

BUSINESS PHONE: _____

BIRTH DATE (M/D/Y): _____

WEDDING ANNIVERSARY (M/D/Y): _____

CHECK ONE: ORTHODOX CONSERVATIVE REFORM OTHER

FAMILY RECORD:

CHILDREN (English Name) CHILDREN (Hebrew Name) DATE OF BIRTH

PLEASE PARTICIPATE IN OUR NAME TAG PROJECT. SEE ENCLOSED SHEET.

How did you find out about us; what attracted you to our JCC?

YOUR NAME(S) _____

Yahrzeit Information:

The JCC of LBI sends reminders to our members of their loved ones' yahrzeits. In addition these names are read on the appropriate Friday evening service.

Please be aware that if you do not provide the full date of death, we are unable to send you Yahrzeit notices, nor can we have the name read during the appropriate service. If you need help with the date you can usually contact the cemetery, the funeral home or the presiding Rabbi for assistance.

If you wish to honor the memory of a dear one, a most fitting, traditional and dignified remembrance is through a Memorial Plaque and Lamp. Each memorial plaque, bearing the name and yahrzeit date, is mounted on the bronze tablet in the Sanctuary. It is lit on the Shabbat of the week of the yahrzeit, on the day of the yahrzeit and on the four festivals during the year when Yizkor is recited. Please call the office for further information.

MEMBER 1 YAHRZEIT(S)

NAME OF DECEASED	HEBREW NAME	RELATIONSHIP TO MEMBER	DATE OF DEATH (ENGLISH DATE) (M/D/Y)	BEFORE or AFTER SUN-DOWN
				<input type="checkbox"/> Before <input type="checkbox"/> After
				<input type="checkbox"/> Before <input type="checkbox"/> After
				<input type="checkbox"/> Before <input type="checkbox"/> After
				<input type="checkbox"/> Before <input type="checkbox"/> After
				<input type="checkbox"/> Before <input type="checkbox"/> After

MEMBER 2 YAHRZEIT(S)

NAME OF DECEASED	HEBREW NAME	RELATIONSHIP TO MEMBER	DATE OF DEATH (ENGLISH DATE) (M/D/Y)	BEFORE or AFTER SUN-DOWN
				<input type="checkbox"/> Before <input type="checkbox"/> After
				<input type="checkbox"/> Before <input type="checkbox"/> After
				<input type="checkbox"/> Before <input type="checkbox"/> After
				<input type="checkbox"/> Before <input type="checkbox"/> After
				<input type="checkbox"/> Before <input type="checkbox"/> After

Please use other side for additional names and dates.

**RETURN THIS 3 PAGE APPLICATION WITH YOUR CHECK TO:
JCC OF LBI
2411 LONG BEACH BLVD.
SPRAY BEACH, NJ 08008**

