

Congregation Jeshuat Israel

85 Touro Street • Newport RI 02840 • Phone: (401) 847-4794 • Email: CJI@CongregationJeshuatIsrael.org

Membership Application 2025

Man

Last Name _____ First Name _____

Hebrew Name _____ Birthdate _____

Bar Mitzvah (yes/no) _____ Date _____ Tribe: Kohan ___ Levi ___ Israelite ___

Father's Hebrew Name _____ Mother's Hebrew Name _____

Yahrtzeitim: Father-Date _____ Mother-Date _____

Woman

Last Name _____ First Name _____

Hebrew Name _____ Birthdate _____

Bat Mitzvah (yes/no) _____ Date _____ Tribe: Kohan ___ Levi ___ Israelite ___

Father's Hebrew Name _____ Mother's Hebrew Name _____

Yahrtzeitim: Father-Date _____ Mother-Date _____

If either partner is Jewish by conversion: Name _____

Date Converted _____ Rabbi _____

Temple/Synagogue _____

Address _____

Children (under age 22) Please use reverse side for additional names.

Name	Hebrew Name	Birth Date	Bar/Bat Mitzvah (Y/N – Date)
_____	_____	_____	_____
_____	_____	_____	_____

Membership Class Requested

___ Family ___ Single ___ Young Family ___ Young Single ___ Associate Family ___ Associate Single

Dues

Full membership: Family Membership: \$1,200; Single Membership; \$735; Young Family Membership (oldest applicant under 35); \$600 and Young Single Membership (under 32) \$221.

Associate Membership: Family Membership: \$360; Single Membership \$180. Associate memberships are available (1) to those who do not have a residence in RI or Bristol County MA or (2) to those who reside in RI or Bristol County MA, but are full members of another congregation. (If applying for an associate membership under (2) above, please include a letter from your primary congregation acknowledging your membership.)

Information about Life and complementary Military Memberships is available on request.

Family memberships are required for all categories of family memberships if both spouses are Jewish.

Please include a check for one year's membership dues in the class requested and send your completed application to Congregation Jeshuat Israel, 85 Touro Street, Newport, RI 02840.

I declare that if elected to Membership in the Congregation, I shall abide by its rules, regulations and by-laws.

Applicant's Signature(s) _____ Date _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Email Address(es) _____