

Membership Application 2022-2023 (Circle one) KADIMA or USY

Member Information

Name: _____ Nickname: _____
 Last *First*
 Address: _____
 Street Address *Apartment/Unit #*

 City *State* *ZIP Code*
 Member Cell Phone: _____ Member E-mail Address: _____
 Member Home Phone: _____ (Print Clearly)
 Birth Date: _____ Grade (in September 2022): _____ School: _____

Parent Information

Parent/1 Guardian 1: _____ Parent/Guardian 2: _____
 Parent /Guardian 1 _____ Parent/Guardian 2 _____
 (Hebrew Name): _____ (Hebrew Name): _____
 Parent/Guardian 1 _____ Parent/Guardian 2 _____
 Mobile: _____ Mobile: _____
 Parent/Guardian 1 _____ Parent/Guardian 2 _____
 E-Mail: _____ E-Mail: _____
 Synagogue Affiliation: _____
 Parent/Guardian Signature: _____

Program

- ☐ **Kadima** (6th through 8th graders)
☐ **USY** (9th through 12th graders)

Donations

- ☐ I'd like to make a donation towards BT's **Youth Scholarship** program. (This program is designed to enable active Kadima & USY members to attend regional conventions and other programs by subsidizing families with financial needs.)
☐ I'd like to make a donation towards **USY/Kadima Programming for the year.**

Total Amount Enclosed \$ _____

Please make check payable to "N/S Brunswick USY/Kadima" and mail with application to:

Congregation B'nai Tikvah – USY/Kadima Youth Groups
 1001 Finnigans Lane
 North Brunswick, NJ 08902