



**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

**2020 MEMBERSHIP RENEWAL INFORMATION**  
**ONLY CHANGES SHOULD BE WRITTEN**

ENCLOSED IS: Family Membership \$500\_\_\_\_\_ Single Membership \$250\_\_\_\_\_  
Security Fee \$50\_\_\_\_\_ Security Fee \$25\_\_\_\_\_

**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 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](http://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.

**ONLY CHANGES SHOULD BE WRITTEN**

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<br><input type="checkbox"/> After |
|                  |             |                        |                                      | <input type="checkbox"/> Before<br><input type="checkbox"/> After |
|                  |             |                        |                                      | <input type="checkbox"/> Before<br><input type="checkbox"/> After |
|                  |             |                        |                                      | <input type="checkbox"/> Before<br><input type="checkbox"/> After |
|                  |             |                        |                                      | <input type="checkbox"/> Before<br><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<br><input type="checkbox"/> After |
|                  |             |                        |                                      | <input type="checkbox"/> Before<br><input type="checkbox"/> After |
|                  |             |                        |                                      | <input type="checkbox"/> Before<br><input type="checkbox"/> After |
|                  |             |                        |                                      | <input type="checkbox"/> Before<br><input type="checkbox"/> After |
|                  |             |                        |                                      | <input type="checkbox"/> Before<br><input type="checkbox"/> After |

Please use other side for additional names and dates.

**RETURN THIS 2 PAGE APPLICATION WITH YOUR CHECK TO:  
JCC OF LBI, 2411 LONG BEACH BLVD., SPRAY BEACH, NJ 08008**