



**SUTTON
PLACE
SYNAGOGUE**

225 East 51st Street, New York, New York 10022
T. 212.593.3300 F. 212.758.5745 www.spsnyc.org

I (We) hereby apply for membership in Sutton Place Synagogue and agree to abide by the by-laws, rules and regulations of the congregation.

ADULT 1

Name (Mr. & Mrs.) (Mr.) (Dr.) (Mrs.) (Ms.) _____

Date of Birth _____ Hebrew Name _____

Residence _____

Occupation _____ Company _____

Business Address _____

E-mail _____

Home Office (circle preferred)

Telephone _____

Home Office Cell

Marital Status Single Married Separated Divorced Widow(er) Anniversary _____

ADULT 2 Name (Mr. & Mrs.) (Mr.) (Dr.) (Mrs.) (Ms.) _____

Date of Birth _____ Hebrew Name _____

Residence _____

Occupation _____ Company _____

Business Address _____

E-mail _____

Home Office

Telephone _____

Home Office Cell

Child(ren) Name(s) & Birth Date(s) _____

I (We) would like to apply for the following category of membership: (Please check)

Family Membership: \$1,890. Entitles a couple and their children (under 25) to all membership privileges. High Holy Days seats are additional.*

Individual Membership: \$975. Entitles one adult and child (ren) under 25 to all membership privileges. High Holy Days seats are additional.*

Junior Family Membership: \$1100. Entitles a couple (one individual under 34) and their children to all membership privileges. High Holy Days seats are additional.*

Junior Individual Membership: \$600. Entitles one adult under 34 and child(ren) to all membership privileges. High Holy Days seats are additional.*

Kaplan Nursery School Membership: \$650. Entitles a parent(s) and their child(ren) (KNS student/s) to all membership privileges. High Holy Days seats are additional.*

***Complimentary seat(s) to our High Holy Days Parallel Service available with first year's membership.**