

New Jersey Region – United Synagogue or Conservative Judaism
1090 King Georges Post Rd., Suite 1003
Edison, NJ 08837

UPDATE FOR THE 2007/2008 DIRECTORY & RESOURCE GUIDE and;
NJ REGION CONGREGATIONAL INFORMATION SHEET FOR 2008/2009

The information furnished on this form will be used to update the congregation's listing in the Region's annual Directory & Resource Guide. It will enable your congregation's leadership to receive important communication about USCJ services and programs. Where applicable, please furnish all of the information requested. Personal information, such as an individual's e-mail address, home address, telephone number, is kept confidential. Your cooperation is greatly appreciated.

Congregation: _____
 Address: _____ City/Zip: _____
 Office Tel: () _____ Fax Tel:() _____ Office E-mail: _____
 Web Address: _____

When do new officers & committee chairpeople assume their positions?: _____
 Please check off all that apply to your congregation: _____ Handicapped Accessible; _____ Daily Morning Minyan;
 _____ Daily Evening Minyan; _____ Friday Evening Early Service; _____ Friday Evening Late Service.

PRESIDENT

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

EXECUTIVE VICE PRESIDENT

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

VICE PRESIDENT ()

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

VICE PRESIDENT ()

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

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 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

VICE PRESIDENT ()

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

FINANCIAL SECRETARY

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

TREASURER

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

ADULT ED CHAIR

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

BULLETIN/NEWSLETTER EDITOR

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

FUNDRAISING CHAIR

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

EDUC./SCHOOL BD. CHAIR

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

HOUSE/BLDG. CHAIR

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

ISRAEL AFFAIRS/MERCAZ CHAIR

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve Tel: _____
 Best E-mail: _____

YOUTH COMMISSION CHAIR

Name: _____
 Address: _____
 Town/Zip: _____
 Day Tel: _____
 Eve. Tel: _____
 Best E-mail: _____

MEMBERSHIP CHAIR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

MEN'S CLUB PRESIDENT

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

SISTERHOOD PRESIDENT

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

HAZAK CHAIR/LIAISON

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

SOCIAL ACTION CHAIR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

KOACH/COLLEGE AGE CHAIR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

RABBI

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

ASSISTANT/ASSOCIATE RABBI

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

CANTOR/HAZZAN

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

EXECUTIVE DIRECTOR/ADMINISTRATOR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

EDUCATION DIR./PRINCIPAL

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

EARLY CHILDHOOD DIRECTOR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

YOUTH DIRECTOR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

KADIMA ADVISOR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

USY ADVISOR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

PROGRAM DIRECTOR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

FAMILY EDUCATOR

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

OTHER

Name:
 Address:
 Town/Zip:
 Day Tel:
 Eve. Tel:
 Best E-mail:

REPRESENTATIVE TO NJ REGION BOARD (Every affiliated congregation to the NJ Region is entitled to one voting representative on the NJ Region Board of Directors. Please complete this section only if the President will not be the congregation's representative).

Name: _____ Address: _____ Eve. Tel: _____
 Town/Zip: _____ Day Tel: _____ **Best E-mail:** _____

PERSON COMPLETING THIS FORM: _____ Name: _____ **Best E-mail:** _____
 Position: _____ Date: _____