

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

UPDATE FOR THE 2006-2007 DIRECTORY & RESOURCE GUIDE and;
NJ REGION CONGREGATIONAL INFORMATION SHEET FOR 2006-2007

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 home address and/or 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: _____
Home E-mail: _____
Work E-mail _____

EXECUTIVE VICE PRESIDENT

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

VICE PRESIDENT (_____)

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

VICE PRESIDENT (_____)

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

VICE PRESIDENT (_____)

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

VICE PRESIDENT (_____)

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

FINANCIAL SECRETARY

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

TREASURER

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

ADULT ED CHAIR

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

BULLETIN/NEWSLTTR CHR./EDTR.

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

FUNDRAISING CHAIR

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

EDUC./SCHOOL BD. CHAIR

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

HOUSE/BLDG. CHAIR

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

ISRAEL AFFAIRS/MERCAZ CHAIR

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

YOUTH COMMISSION CHAIR

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

