

THIS IS A NO OBLIGATION QUESTIONNAIRE FOR MEMBERSHIP ENROLLMENT  
DO NOT SEND ANY PAYMENTS WITH THIS QUESTIONNAIRE. YOU WILL BE BILLED LATER

I hereby request an application for membership in the

# UNITED HEBREW COMMUNITY OF NEW YORK

AS a ..... Regular Family Member \_\_\_\_\_ Life Member \_\_\_\_\_ Special Member \_\_\_\_\_

**ALL INFORMATION IS CONFIDENTIAL**

**MOST IS REQUIRED ON A DEATH CERTIFICATE OR BY THE OFFICIATING RABBI**

PLEASE PRINT OR TYPE ALL INFORMATION

APPLICANT (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

STREET \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

APPLICANT'S JEWISH NAME ( In Hebrew or Phonetically in English ) \_\_\_\_\_

APPLICANT'S FATHER'S COMPLETE ENGLISH NAME \_\_\_\_\_

FATHER'S JEWISH NAME ( In Hebrew or Phonetically in English ) \_\_\_\_\_

APPLICANT'S MOTHER'S ENGLISH AND MAIDEN NAME \_\_\_\_\_

MOTHER'S JEWISH NAME ( In Hebrew or Phonetically in English ) \_\_\_\_\_

MARITAL STATUS: SINGLE (Never Married) \_\_\_\_\_ :MARRIED \_\_\_\_\_ WIDOW(ER) \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_

OF: \_\_\_\_\_ ARE YOU MARRIED ACCORDING TO JEWISH LAW? \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_ NAME OF OFFICIATING RABBI \_\_\_\_\_

(A Copy Of The Marriage Certificate or Ketuba could be enclosed with this questionnaire if the name is not clear)

APPLICANT'S OCCUPATION (prior to retirement) \_\_\_\_\_

INDUSTRY OF OCCUPATION \_\_\_\_\_ HIGHEST GRADE OF EDUCATION COMPLETED \_\_\_\_\_

WIFE'S NAME (if applicable) \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

WIFE'S JEWISH NAME \_\_\_\_\_

WIFE'S FATHER'S COMPLETE ENGLISH NAME \_\_\_\_\_

WIFE'S FATHER'S JEWISH NAME ( In Hebrew or Phonetically in English ) \_\_\_\_\_

WIFE'S MOTHER'S ENGLISH AND MAIDEN NAME \_\_\_\_\_

WIFE'S MOTHER'S JEWISH NAME ( In Hebrew or Phonetically in English ) \_\_\_\_\_

WIFE'S OCCUPATION (prior to retirement) \_\_\_\_\_

INDUSTRY OF OCCUPATION \_\_\_\_\_ HIGHEST GRADE OF EDUCATION COMPLETED \_\_\_\_\_

**ANSWER ALL APPLICABLE QUESTIONS**

1. ARE YOU A VETERAN OF THE U.S. ARMED FORCES? \_\_\_\_\_ IF YES, YEARS SERVED? \_\_\_\_\_
2. ARE YOU A MEMBER OF, OR DO YOU REGULARLY ATTEND A SYNAGOGUE? \_\_\_\_\_ IF YES, NAME & ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ NAME OF RABBI \_\_\_\_\_
3. ARE YOU OR YOUR SPOUSE CONVERTS TO THE JEWISH FAITH? \_\_\_\_\_ IF YES, A COPY OF THE CONVERSION CERTIFICATE AND DOCUMENTS ARE REQUIRED TO BE RETURNED WITH THIS APPLICATION.
4. ARE YOU, YOUR SPOUSE OR ANY CHILD WHO IS TO BE INCLUDED IN THE MEMBERSHIP DISABLED OR CHRONICALLY ILL? \_\_\_\_\_ IF YES, NAME(S)? \_\_\_\_\_
5. ARE YOU, YOUR SPOUSE OR ANY CHILD WHO IS TO BE INCLUDED IN THE MEMBERSHIP IN A HOSPITAL OR ANY OTHER INSTITUTION? \_\_\_\_\_ IF YES, NAME(S) OF PERSON? \_\_\_\_\_  
 NAME OF THE FACILITY \_\_\_\_\_
6. DID YOU OR ANY MEMBER OF YOUR FAMILY EVER BELONG TO OUR ORGANIZATION? \_\_\_\_\_ IF YES, NAMES OF THE MEMBERS \_\_\_\_\_
7. DO YOU HAVE DOCUMENTS (Deed, Receipt, Permit, Letter, Canceled check[s]) FOR RESERVED GRAVE(S) ? \_\_\_\_\_
8. ARE THERE CURRENTLY SPECIFIC GRAVE(S) RESERVED IN YOUR NAME(S)? \_\_\_\_\_ IF YES, TO QUESTION NUMBERS 7 OR 8 PROVIDE THE CEMETERY NAME \_\_\_\_\_  
 LOCATION OF GRAVE: BLOCK \_\_\_\_\_ SECTION \_\_\_\_\_ ROW \_\_\_\_\_ (P)LOT \_\_\_\_\_ GRAVE NUMBER(S) \_\_\_\_\_  
 OTHER GRAVE OR PLOT INFORMATION \_\_\_\_\_
9. ARE THE GRAVES ON SOCIETY GROUNDS? IF YES, NAME \_\_\_\_\_

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**TO BE COMPLETED FOR REGULAR FAMILY MEMBERSHIPS ONLY**

NAMES OF SONS UNDER 18 YEARS OF AGE (INCLUDE DATES OF BIRTH) \_\_\_\_\_

\_\_\_\_\_

NAMES OF DAUGHTERS THAT NEVER MARRIED (INCLUDE DATES OF BIRTH) \_\_\_\_\_

\_\_\_\_\_

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**INDIVIDUALS TO BE INFORMED IN CASE OF EMERGENCY... NEXT OF KIN...**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**DO NOT SEND MONEY WITH THIS QUESTIONNAIRE**

**YOU WILL BE BILLED WHEN OUR OFFICIAL APPLICATION IS RETURNED TO YOU FOR SIGNATURE**

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**IF THE PAYMENT IS TO BE MADE BY A PERSON OTHER THAN THE APPLICANT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
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**PLEASE ADVISE US BELOW OF ANY SPECIAL NEEDS OR OTHER INFORMATION  
THAT YOU THINK MAY BE IMPORTANT TO YOUR MEMBERSHIP**

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**Use additional pages, if required**