

**PLEASE PRINT THIS FORM**  
**RETURN IT BY MAIL TO:**  
**UNITED HEBREW COMMUNITY OF N.Y.**  
**1023 BROADWAY**  
**WOODMERE, N.Y. 11598**  
**OR FAX TO: 212-979-1006**  
**OR SCAN AND E-MAIL TO: [INFO@UHCOFNY.ORG](mailto:INFO@UHCOFNY.ORG)**



I REQUEST A WRITTEN PRICE QUOTE FOR MEMBERSHIP AS A

REGULAR FAMILY MEMBER \_\_\_\_\_ LIFE MEMBER \_\_\_\_\_ SPECIAL MEMBER \_\_\_\_\_

LEGAL NAME OF APPLICANT \_\_\_\_\_

APPLICANT'S DATE OF BIRTH \_\_\_\_\_ IS APPLICANT MARRIED? \_\_\_\_\_

IF YES, LEGAL NAME, INCLUDING MAIDEN NAME OF SPOUSE: \_\_\_\_\_

\_\_\_\_\_ SPOUSE'S DATE OF BIRTH \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_

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

TELEPHONE OF APPLICANT: HOME \_\_\_\_\_

CELL \_\_\_\_\_

PREFERRED CEMETERY \_\_\_\_\_

NAME OF PERSON OTHER THAN THE APPLICANT WHO IS TO RECEIVE THE INFORMATION \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS, IF OTHER THAN ABOVE \_\_\_\_\_

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

TELEPHONE IF OTHER THAN ABOVE: HOME \_\_\_\_\_

CELL \_\_\_\_\_



PLEASE SELECT HOW YOU WANT THE INFORMATION SENT:

1) U.S. POSTAL SERVICE MAILED TO THE APPLICANT \_\_\_\_\_

Name and Address If Other than on this Application

\_\_\_\_\_

\_\_\_\_\_

2) E-MAIL \_\_\_\_\_ ADDRESS \_\_\_\_\_