

Membership Application



HUnitied
Hebrew
Congregation

13788 Conway Road
St. Louis, MO 63141
(314) 469-0700

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Web Site: www.unitedhebrew.org

We are very pleased that you have chosen to affiliate with United Hebrew Congregation, the oldest Jewish congregation west of the Mississippi River. Our purpose is to enrich your spiritual, educational and social needs through our worship services, varied learning opportunities and creative programming for individuals and families.

The information we have asked you to furnish will be kept confidential and is intended solely for our Temple records and to provide information which will assist us in planning future programs to help us serve you more effectively.

Thank you and we welcome you to United Hebrew Congregation.

The Membership Committee

ADULT INFORMATION

Today's Date: _____

	ADULT ONE	ADULT TWO
Title you prefer:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> _____ _____ First Name Middle Initial Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> _____ _____ First Name Middle Initial Last Name
Name you prefer:	_____	_____
Birth date:	_____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M	_____ Sex: <input type="checkbox"/> F <input type="checkbox"/> M
E-mail address:	_____	_____
Hebrew name:	_____	_____
Parents' names:	Father: _____ <input type="checkbox"/> Living <input type="checkbox"/> Deceased/Date: _____ Mother: _____ <input type="checkbox"/> Living <input type="checkbox"/> Deceased/Date: _____ <input type="checkbox"/> Members of UHC	Father: _____ <input type="checkbox"/> Living <input type="checkbox"/> Deceased/Date: _____ Mother: _____ <input type="checkbox"/> Living <input type="checkbox"/> Deceased/Date: _____ <input type="checkbox"/> Members of UHC
Occupation:	Job Description: _____ _____ <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed Title: _____ Employer: _____ Address: _____ _____ Phone: _____ Ext. _____	Job Description: _____ _____ <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed Title: _____ Employer: _____ Address: _____ _____ Phone: _____ Ext. _____

ADULT ONE

ADULT TWO

Religious tradition in which you were raised: (check one)	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox
If not raised in the Jewish tradition, are you:	<input type="checkbox"/> Jewish by choice <input type="checkbox"/> Non Jewish Denomination _____	<input type="checkbox"/> Jewish by choice <input type="checkbox"/> Non Jewish Denomination _____
Did your education include: (check appropriate boxes)	<input type="checkbox"/> Bar/Bat Mitzvah/Date: _____ <input type="checkbox"/> Confirmation/Date: _____ Congregation Name: _____ _____ City/State: _____	<input type="checkbox"/> Bar/Bat Mitzvah/Date: _____ <input type="checkbox"/> Confirmation/Date: _____ Congregation Name: _____ _____ City/State: _____
Read Hebrew: Speak Hebrew: Chant Torah:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Former synagogue affiliation:	Name: _____ Address: _____ Phone: _____	Name: _____ Address: _____ Phone: _____

FAMILY INFORMATION

Home Address _____
Street Apartment #

City State Zip Home Phone _____

Marital Status:
 Married, if so, Anniversary date _____ Single Divorced Separated Widowed _____
mo/day/year

Additional members of immediate family (*Please list children living at home or away attending college*).

Name	Sex	Birthdate	Grade	Name of School or College	Graduation Date

CHILDREN AWAY FROM HOME:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY MEMBERS WHO BELONG TO UNITED HEBREW:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yahrzeit Observance

Please list names and dates of death of those for whom you wish Yahrzeit (anniversary of death) notices sent:

NAME	RELATIONSHIP	ENGLISH DATE OF DEATH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WOULD YOU LIKE A BUDDY (CURRENT MEMBER) TO ACQUAINT YOU WITH THE CONGREGATION? Yes No

HOW DID YOU HEAR ABOUT UNITED HEBREW CONGREGATION?

- Friends Open House Family Members Attended Services
 Rabbis/Staff Member as a Child Interfaith Programs Media
 Other _____

WHAT IS THE PRIMARY REASON YOU JOINED UNITED HEBREW?

- Friends/Family Location Rabbis School
 Other (Please specify) _____

**ARE YOU A MEMBER OF ANOTHER ST. LOUIS CONGREGATION?
IF SO, WHICH ONE:**

Formerly a member of: _____ From _____ to _____

NOTE: In order to join United Hebrew Congregation, all financial obligations to current or previous congregations must be cleared. Please sign below to indicate that you have cleared all obligations as to dues and/or building funds or other pledges.

I have cleared all financial obligations to my current or prior congregation

(Signature)

Referred to United Hebrew by: _____