



The United Jewish Center
141 Deer Hill Avenue, Danbury, CT 06810
Phone: 203.748.3355 Fax: 203.790.1448
E-mail: office@unitedjewishcenter.org
www.unitedjewishcenter.org

UNITED JEWISH CENTER MEMBER INFORMATION

We are pleased that you are interested in membership in the United Jewish Center. To ensure your involvement in the life of our congregation please complete this application carefully. All information will be kept confidential. If you have any questions please call 203-748-3355 or e-mail us at office@unitedjewishcenter.org. Thank you.

Mailing Name and Address

For communications with your household:

Name: _____

Street Address: _____

City/State/Zip Code _____

Home Telephone w/ area code _____

Primary E-mail (for notification of synagogue events) _____

Synagogue Affiliation(s)

Name of Congregation: _____ Years _____

City, State: _____ Phone/E-mail: _____

If you are currently a member, do you intend to maintain that membership? Yes No

If yes, will the United Jewish Center be your primary synagogue affiliation? Yes No

We'd like to know....

How did you learn about the United Jewish Center? _____

How long have you resided in the Greater Danbury area? _____

Are you related to another UJC member? Yes No If yes, please enter name and relationship.

Congregant Information

Note: We welcome non-Jewish partners and encourage them to participate in the life of our community. If you have questions or concerns in this area, please talk with our rabbi.

ADULT #1

Name: _____

Mr. Ms. Mrs. Miss Dr.

Informal Name: _____

Occupation: _____

Home Address: _____

Employer: _____

City: _____ State: _____ Zip: _____

Work Address: _____

Home Phone: () _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Work Phone: () _____ --- _____

Birth Date: ____/____/____

Work Fax: () _____ --- _____

Marital status (optional): _____

Anniversary Date (if applicable): _____

Religious Background *Please tell us about your background in Judaism.*

Reform Conservative Orthodox

Kohen Levi Yisrael

Bar/Bat Mitzvah Date ____/____/____

Jew by Choice: Year Converted (optional) _____

Confirmation Year ____/____/____

Years of Jewish Education _____

Hebrew Name

Non-Jewish

ADULT #2

Name: _____

Mr. Ms. Mrs. Miss Dr.

Informal Name: _____

Occupation: _____

Home Address: _____

Employer: _____

City: _____ State: _____ Zip: _____

Work Address: _____

Home Phone: () _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Work Phone: () _____ --- _____

Birth Date: ____/____/____

Work Fax: () _____ --- _____

Marital status (optional): _____

Anniversary Date (if applicable): _____

Religious Background *Please tell us about your background in Judaism.*

Reform Conservative Orthodox

Kohen Levi Yisrael

Bar/Bat Mitzvah Date ____/____/____

Jew by Choice: Year Converted (optional) _____

Confirmation Year ____/____/____

Years of Jewish Education _____

Hebrew Name

Non-Jewish

OTHER MEMBERS OF YOUR HOUSEHOLD

Child # 1

Name (First Middle Last): _____ Male Female

Address:(if different from household):

_____ City: _____ State: _____ Zip: _____

Phone: () _____ E-mail address: _____

Birth Date: ____/____/____ Bar/Bat Mitzvah Date ____/____/____

Confirmation Date ____/____/____ Hebrew Name: _____

School currently attending: _____ Grade/Year: _____

Is your child receiving religious instruction anywhere else? If yes, where _____

College address (if applicable): _____

Child # 2

Name (First Middle Last): _____ Male Female

Address:(if different from household):

_____ City: _____ State: _____ Zip: _____

Phone: () _____ E-mail address: _____

Birth Date: ____/____/____ Bar/Bat Mitzvah Date ____/____/____

Confirmation Date ____/____/____ Hebrew Name: _____

School currently attending: _____ Grade/Year: _____

Is your child receiving religious instruction anywhere else? If yes, where _____

College address (if applicable): _____

Additional Member

Name (First Middle Last): _____ Male Female

Address:(if different from household):

_____ City: _____ State: _____ Zip: _____

Phone: () _____ E-mail address: _____

If this member is a child, please complete the following:

Birth Date: ____/____/____ Bar/Bat Mitzvah Date ____/____/____

Confirmation Date ____/____/____ Hebrew Name: _____

School currently attending: _____ Grade/Year: _____

Is your child receiving religious instruction anywhere else? If yes, where _____

College address (if applicable): _____

Your Interests, Hobbies & Skills

Get involved! The UJC has activities for congregants of all ages. Please let us know if you would like to be contacted regarding any of the following:

Adult Education	<input type="checkbox"/>	Singles Events	<input type="checkbox"/>	Library	<input type="checkbox"/>
Social Action	<input type="checkbox"/>	Interfaith/Outreach	<input type="checkbox"/>	Cards	<input type="checkbox"/>
Bagels & Babies	<input type="checkbox"/>	Mah jongg	<input type="checkbox"/>	Golf	<input type="checkbox"/>
Choir	<input type="checkbox"/>	Membership	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Teen Programs	<input type="checkbox"/>	Senior Activities	<input type="checkbox"/>	Crafts	<input type="checkbox"/>
Sisterhood	<input type="checkbox"/>	Brotherhood	<input type="checkbox"/>	Computer	<input type="checkbox"/>
Adult social events	<input type="checkbox"/>	Other (please specify):	_____		

Yahrzeit Information (for Immediate Family Members)

The name(s) of your departed loved ones will be read at Shabbat services on the anniversary (yahrzeit) of their deaths. You will be notified prior to the date of the service.

Full name of deceased	M/F	Date of death (English)	Related to whom? (insert name)	Relationship to congregant

Membership Application

To: The Board of Trustees, The United Jewish Center

Having given serious thought to the meaning of synagogue affiliation, I/we hereby make application for membership in the United Jewish Center. I/we will abide by the Constitution, by-laws, and other regulations of the United Jewish Center, and will participate actively in the life and programs of the congregation. To the best of my/our knowledge, I/we left prior temple membership, in good standing. You are authorized to obtain that information from my/our prior congregation and they are authorized to disclose that information to you.

I/We understand that virtually all of the synagogue's financial support comes from membership dues and other contributions, therefore, I/we commit to make our best efforts to support the United Jewish Center.

Signed _____ Date _____

Signed _____ Date _____

<i>For office use only:</i>				
Name: _____	Account # _____	Dues Category: _____		
Welcome letter	rabbi _____	president _____	Marks	children _____
File folder _____	Rolodex cards _____	business _____	yahrzeit _____	