



Application for Membership United Hebrew Congregation

Today's Date

Welcome to United Hebrew Congregation of Terre Haute. We are delighted that you have chosen to be part of our congregation. The UHC community has come together since 1935 to worship, study, celebrate and support one another. We hope you find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression that UHC offers. All information in this application will be maintained at United Hebrew Congregation treated confidentially.

Personal Information

| | Adult 1 <input type="checkbox"/> Male <input type="checkbox"/> Female | Adult 2 <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|---|---|
| Full name | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____ |
| Personal status | <input type="checkbox"/> Single <input type="checkbox"/> Married (date) _____ <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other | |
| Hebrew name (if known) | | |
| Date of birth | | |
| Birthplace | | |
| Years living in Terre Haute area | | |
| Education – Highest level completed | <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____ | <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____ |

Contact Information –

How would you like your name(s) to appear on Temple mailings?

Name(s): _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home telephone: _____ Fax: _____

Adult 1 cell: _____ Adult 1 email: _____

Adult 2 cell: _____ Adult 2 email: _____

Would you like to be matched with a mentor family who will help welcome you to UHC? Yes No

Religious Background

| | Adult 1 | Adult 2 |
|---|---|---|
| Religious background in which you were raised? | <input type="checkbox"/> Reform Jew <input type="checkbox"/> Conservative Jew <input type="checkbox"/> Orthodox Jew <input type="checkbox"/> Other _____ | <input type="checkbox"/> Reform Jew <input type="checkbox"/> Conservative Jew <input type="checkbox"/> Orthodox Jew <input type="checkbox"/> Other _____ |
| If you converted to Judaism, Date, Congregation, City? | | |
| Have you ever been a member of UHC? | | |
| Most recent or current congregational affiliation? | | |
| Please list relatives who are UHC members and their relationship to you? (ie. brother, aunt) | | |

Business Information

| | Adult 1 | Adult 2 |
|----------------------------|---------|---------|
| Employer: | | |
| Position: | | |
| Occupation/Specialization: | | |
| Address: | | |
| City, State, Zip | | |
| Business Phone: | | |
| Business Fax: | | |
| Business E-mail: | | |

Children

| | Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female | Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female | Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female | Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|--|--|--|--|
| First and Middle name | | | | |
| Last Name | | | | |
| Date of Birth | | | | |
| Address (if not living with you) city, state | | | | |
| Email Address | | | | |
| Is this child being raised in the Jewish Faith? | <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 |
| Will this child be attending UHC religious school? | <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 |
| Current Grade | | | | |
| If previously attended religious school, list congregation and city. | | | | |
| Bar/Bat Mitzvah? | | | | |
| Confirmation date? | | | | |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married | <input type="checkbox"/> Single <input type="checkbox"/> Married | <input type="checkbox"/> Single <input type="checkbox"/> Married | <input type="checkbox"/> Single <input type="checkbox"/> Married |

If you have more than four children, please copy this page and attach additional sheet.

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Yahrzeit Information

To receive reminders of Yahrzeit dates, please list information below:

| Name | Date of Death (secular date) | Family Relationship |
|------|------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Please attach a separate sheet for additional names

Cemetery information

Do you have a cemetery plot, mausoleum, crypt, or niche? Yes No

If yes, give location: _____

Would you like to receive information about acquiring a burial space in the UHC Cemetery? Yes No

May we use your pictures in the Monthly bulletin?

Release for use of likeness

I hereby grant United Hebrew Congregation permission to use, in perpetuity, my likeness in photographic or other form in any and all of its publications, and in any and all other media, whether now known of hereafter existing, controlled by UHC its licensees. I hereby release UHC from any and all liability that may arise out of the use of my likeness.

I hereby grant UHC permission to use, in perpetuity, the likeness of my minor child(ren), identified as above listed, in photographic or other form, in any and all of its publications, and in any and all other media, whether now known of hereafter existing, controlled by UHC or its licensees. I hereby release UHC from any and all liability that may arise out of the use of such likeness(es). I hereby represent that I am the parent or legal guardian of such children.

Signed (Adult1): _____

Signed (Adult 2): _____