



**The United Jewish Center**  
141 Deer Hill Avenue, Danbury, CT 06810  
Phone: 203.748.3355 Fax: 203.790.1448  
E-mail: [office@unitedjewishcenter.org](mailto:office@unitedjewishcenter.org)  
[www.unitedjewishcenter.org](http://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](mailto: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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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