

MEMBERSHIP APPLICATION

Date: _____

English Name: _____

Spouse's English Name: _____

Hebrew Name: _____

Spouse's Hebrew Name: _____

Address: _____

Maiden Name: _____

City, State, Zip: _____

Cell: _____

Home Phone: _____

Email: _____

Cell Phone: _____

Date of Birth: _____

Email: _____

Martial Status: _____

Date Married: _____

Date of Birth: _____

BUSINESS INFORMATION

SPOUSE'S BUSINESS INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

A) Was mother born Jewish? YES or NO
(If NO, please complete B, C, & D)

A) Was mother born Jewish? YES or NO
(If NO, please complete B, C, & D)

B) Was mother converted? YES or NO

B) Was mother converted? YES or NO

C) If mother was converted, was it before you were born? YES or NO

C) If mother was converted, was it before you were born? YES or NO

D) If mother was not converted, were you converted? YES or NO

D) If mother was not converted, were you converted? YES or NO

If converted, Please provide the name of the rabbi who supervised the conversion and a copy of the conversion certificate (Teudat Geirut). _____

If converted, Please provide the name of the rabbi who supervised the conversion and a copy of the conversion certificate (Teudat Geirut). _____

Have you ever been a member of UOS before? YES or NO If Yes, please give dates: _____

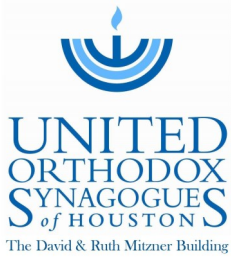
Have you ever been a member of any Houston Congregation? YES or NO

If yes, please give name and dates: _____

How many years have you lived in Houston? _____

Previous Address: _____

In considering my application, I authorize United Orthodox Synagogues to preform such background check as may be reasonably necessary.



MEMBERSHIP APPLICATION

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Yahrzeit Information

| English Name | Hebrew Name | Date of Death | Yahrzeit Date |
|--------------|-------------|---------------|---------------|
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Aliyah Card Information

(Men Only)

| |
|----------------------------------|
| Hebrew Name: |
| Wife's Hebrew Name: |
| Children's Hebrew Names: |
| Husband's Parents Hebrew Names: |
| Wife's Parents Hebrew Names: |
| Husband's Siblings Hebrew Names: |
| Wife's Siblings Hebrew Names: |
| Other: |



MEMBERSHIP APPLICATION

Fair Shares Dues Rates

| Category | Gross Annual Family Income | | Annual Dues | Monthly Payment (12 months or remaining months to) | Total Annual Building Fund (1.5 x dues) | Monthly Building Fund Payment (Payable over) |
|----------|----------------------------|--------------|-------------|---|--|---|
| A | \$ 0 | \$ 60,000 | | 1.50% of Income | 1.5 x dues | 1.5xdues/36 |
| B | \$ 60,001 | \$ 80,000 | \$ 900 | \$ 75 | \$ 1,350 | \$ 37.50 |
| C | \$ 80,001 | \$ 100,000 | \$ 1200 | \$ 100 | \$ 1,800 | \$ 50.00 |
| D | \$ 100,001 | \$ 125,000 | \$ 1,500 | \$ 125 | \$ 2,250 | \$ 62.50 |
| E | \$ 125,001 | \$ 150,000 | \$ 1875 | \$ 156 | \$ 2,812.50 | \$ 78.12 |
| F | \$ 150,001 | \$ 175,000 | \$ 2,250 | \$ 188 | \$ 3,375 | \$ 93.75 |
| G | \$ 175,001 | \$ 200,000 | \$ 2,625 | \$ 219 | \$ 3,937.50 | \$ 109.38 |
| H | \$ 200,001 | \$ 250,000 | \$ 3,000 | \$ 250 | \$ 4,500 | \$ 125.00 |
| I | \$ 250,001 | \$ 300,000 | \$ 3,750 | \$ 313 | \$ 5,625 | \$ 156.25 |
| J | \$ 300,001 | \$ 400,000 | \$ 4,500 | \$ 375 | \$ 6,750 | \$ 187.50 |
| K | \$ 400,001 | \$ 500,000 | \$ 6,000 | \$ 500 | \$ 9,000 | \$ 250.00 |
| L | \$ 500,001 | \$ 600,000 | \$ 7,500 | \$ 625 | \$ 11,250 | \$ 312.50 |
| M | \$ 600,001 | \$ 700,000 | \$ 9,000 | \$ 750 | \$ 13,500 | \$ 375.00 |
| N | \$ 700,001 | \$ 800,000 | \$ 10,500 | \$ 875 | \$ 15,750 | \$ 437.50 |
| O | \$ 800,001 | \$ 900,000 | \$ 12,000 | \$ 1,000 | \$ 18,000 | \$ 500.00 |
| P | \$ 900,001 | \$ 1,000,000 | \$ 13,500 | \$ 1,125 | \$ 20,250 | \$ 562.50 |
| Q | \$ 1,000,001 | Over | \$ 15,000 | \$ 1,250 | \$ 22,500 | \$ 625.00 |

There is a yearly SECURITY FEE of \$ 175.00

All dues must be paid in full in June of each year or monthly payments set-up as in column E



RABBI
Barry Gelman
RABBI EMERITUS
Joseph Radinsky
CANTOR EMERITUS
Irving Dean

PRESIDENT
Rick Guttman
PAST PRESIDENT
Max Reichenthal
VICE PRESIDENTS
Steven Abramson
Nada Chandler
Robert Levy
Neil Scheckter
SECRETARY
Steven Paletz
TREASURER
David Davies

BOARD OF DIRECTORS
Riva Collins
Barry Diner
Zeke Fink
Jenelle Garner
Uri Ghelman
Leonard Goldberg
Michael Gross
Jacob Kameron
Yosef Levenstein
Dov Liberman
Susan Mandel
Gideon Miller
Louise Miller
Nava Miller
Ira Mitzner
Elise Passy
Irv Rotter
Steve Simon
Yair Yeudai
Dena Vorzman

Houston, Texas _____, 20_____

To The Board of Trustees,

I (we) hereby apply for membership in United Orthodox Synagogues of Houston and agree to abide by its Constitution, By Laws, and Regulations.

I (we) understand that the synagogue dues are structured on a "fair Share" basis and each member is asked to pay his/her dues based on 1.5% of gross annual family income. My (our) income fits in category _____, of the attached chart. Based on this income, and subject to the approval of the Board of Trustees, I (we) agree to pay annual dues in the amount of \$ _____ for the current fiscal year (through May 31, 20____). It is understood that membership renews itself automatically from year to year thereafter as long as I/we comply with the By-Laws of the Congregation.

I (we) also pledge to the Capital Improvement Fund the sum of \$ _____, payable in three (3) years (minimum of 1.5 times annual dues).

Please bill me/us for my/our annual dues and pledge to the Capital Improvement Fund (to be paid in monthly installments of \$ _____ each) (to be paid in advance).

To satisfy the above obligations, I/we authorize United Orthodox Synagogues of Houston to :

Charge my Credit card _____ Exp: ____/____ CCV: ____

Debit my account _____ at _____ bank, routing # _____

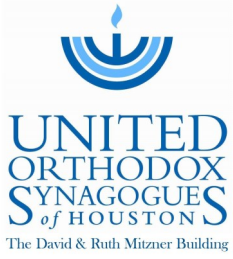
Charge total amount Charge \$ _____ over _____ months

Applicant's Signature

NOTE: This application must be accompanied with a payment in full for the entire year or payments set up by credit card or auto bank draft over the number of months remaining thru May of the current fiscal year. (June 1 thru May 31)

Interviewed by: _____

The David & Ruth Mitzner Building
9001 Greenwillow Houston, Texas 77096-3359
713-723-3850 Fax: 713-723-3852
Email: uosinfo@uosh.org Website: www.uosh.org
"Serving the Orthodox Community of Houston for over 100 years"



Office Information

To be filled out by office

| | |
|------------------------------|--|
| Date: | |
| Applicant's Name: | |
| Dues Obligation: | |
| Building Fee Obligation: | |
| Security Fee Obligation: | |
| Number of children at Beren: | |
| Notes: | |
| Sign Off: | |