



# The United Congregation of Israelites

Synagogue Shaare Shalom

92 Duke Street, Kingston, Jamaica

Phone/Fax: (876) 922 5931 | Email: [shareshalom@cwjamaica.com](mailto:shareshalom@cwjamaica.com)

## Membership Application Form

We are pleased that you are applying for / renewing membership of the United Congregation on Israelites (UCIJ).

The data you share with us is used for UCIJ purposes only and will remain confidential.

Upon completion, please bring in, or send this form by email to the above address.

**Date of Application:**  **Year of Membership:**

**Referee:**

**Membership Categories:**     **NEW**             **RENEWAL**

**FULL ADULT**     **SENIOR**     **JUNIOR\***     **FAMILY**     **STUDENT \*\***     **ASSOCIATE \*\*\***

\$                            \$                            \$                            % Discount            \$                            US\$

\* Junior membership applies to children ages 4 - 13

\*\* Associate membership applies when the applicant is a member of another synagogue, considers the other as one's main synagogue, and does not reside in Jamaica.

\*\*\* Student membership applies to an individual over age of 18, attending a post-secondary educational institution

### Applicant Information:

Surname:		Title:	
Given Name(s):			
Hebrew Name:		Jewish By Birth: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Jewish By Conversion: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Birth:		Marital Status:	
Day / month / year		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
Occupation:			
Mother:			
Father:			
Main Contact #	Daytime #	Mobile #	
Email:			
Home Address:			

### Family Information:

Name of Spouse:	Date of Marriage:
Jewish Background/ Heritage	



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## Child/Children

NAME	M/F	DATE OF BIRTH	HEBREW NAME	BAR/BATMITZVAH

## List of Memorial Records:

FULL NAME	DATE OF DEATH	RELATED TO / RELATIONSHIP

Please indicate whether you observe:  English date  Hebrew date

### Do you have any special skills, talents, or interests that you would like to share with us?

Art/Design   
 Music/Drama   
 Photography   
 Legal   
 Crafts  
 Writing/Editing   
 Computer/ Social Media   
 Other: \_\_\_\_\_

### Please indicate your interest in helping with one or more of the following activities:

Religious Practices   
 Fund Raising   
 Social   
 Membership   
 Newsletter   
 Education   
 Facilities  
 Publicity   
 Music   
 Children   
 Hosting Rabbi   
 Teen Program   
 Adults   
 Other: \_\_\_\_\_

<b>Signature of Applicant:</b>	<b>Date:</b>
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<b>OFFICIAL OFFICE USE:</b>			
<input type="checkbox"/>	Reviewed by:	Date:	Reference:
<input type="checkbox"/>	Approved	<input type="checkbox"/> Not Approved *	<input type="checkbox"/> Referred *
* State why:			