

**UNITED ORTHODOX SYNAGOGUES OF HOUSTON  
MEMBERSHIP APPLICATION**

(Page 1)

DATE: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
(English)

Spouse's Name: \_\_\_\_\_  
(English)

Address: \_\_\_\_\_  
(Street)

Maiden Name: \_\_\_\_\_  
(Hebrew)

(City) (State) (Zip)

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date Married: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Day) (Year)

**BUSINESS INFORMATION**

**BUSINESS INFORMATION**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip)

(City) (State) (Zip)

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

A. Was mother born Jewish? ____ (Y/N) If NO, complete B, C & D	A. Was mother born Jewish? ____ (Y/N) If NO, complete B, C & D
B. Was mother converted? (Y/N)	B. Was mother converted? (Y/N)
C. If mother was converted, was it before you were born? (Y/N)	C. If mother was converted, was it before you were born? (Y/N)
D. If mother was not converted, were you converted? (Y/N)	D. If mother was not converted, were you converted? (Y/N)
E. If converted, please provide name of Rabbi which performed conversion and date of conversion:	E. If converted, please provide name of Rabbi which performed conversion and date of conversion:

Have you ever been a member of United Orthodox Synagogues before? \_\_\_\_\_ (Y/N)

If yes, please give dates: \_\_\_\_\_

Have you ever been a member of any Houston congregation? \_\_\_\_\_ (Y/N)

If yes, please give congregation name and date of membership: \_\_\_\_\_

How many years have you lived in Houston? \_\_\_\_\_

Previous Address: \_\_\_\_\_

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

(Updated 11/25/03)

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(Page 2)

**CHILDREN INFORMATION**

(Only DEPENDENT children: unmarried under age 21, full time students until age 23)

<b>English Name</b>	<b>Date of Birth Hebrew Name Month/Day/Year</b>	<b>Sex</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

**RELATIVES INFORMATION  
(Members of UOS only)**

<b>Name</b>	<b>Relationship</b>	<b>Name</b>	<b>Relationship</b>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

**Yahrzeit Information**

<u>Name</u>	<u>Relation</u>	<u>Date of Death</u> <u>Month/Day/Year</u>
1. _____		
2. _____		
3. _____		
4. _____		

**Aliyah Card Information**

(Men Only)

(Page 3)

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 [ \_\_\_\_\_ ]

# UNITED ORTHODOX SYNAGOGUES

## 1.5% FAIR SHARES DUES RATES

CATEGORY	DUES		BUILDING FUND (1.5% OVER 3 YEARS)	
	MONTH	YEAR	MONTH	YEAR
A	\$25.00	\$300.00	\$12.50	\$450.00
B	\$33.33	\$400.00	\$16.67	\$600.00
C	\$41.67	\$500.00	\$20.83	\$750.00
D	\$58.33	\$700.00	\$29.17	\$1,050.00
E	\$66.67	\$800.00	\$33.33	\$1,200.00
F	\$83.33	\$1,000.00	\$41.67	\$1,500.00
G	\$108.33	\$1,300.00	\$54.17	\$1,950.00
H	\$133.33	\$1,600.00	\$66.67	\$2,400.00
I	\$166.67	\$2,000.00	\$83.33	\$3,000.00
J	\$200.00	\$2,400.00	\$100.00	\$3,600.00
K	\$233.33	\$2,800.00	\$116.67	\$4,200.00
L	1.5%		2.25%	

(Updated 11/25/03)

## UNITED ORTHODOX SYNAGOGUES

### FAIR SHARES DUES RATES

GROSS ANNUAL INCOME		CATEGORY
\$0.00 -	\$20,000.00	A
\$20,001.00 -	\$30,000.00	B
\$30,001.00 -	\$40,000.00	C
\$40,001.00 -	\$50,000.00	D
\$50,001.00 -	\$60,000.00	E
\$60,001.00 -	\$80,000.00	F
\$80,001.00 -	\$100,000.00	G
\$100,001.00 -	\$125,000.00	H
\$125,001.00 -	\$150,000.00	I
\$150,001.00 -	\$175,000.00	J
\$175,001.00 -	\$200,000.00	K
OVER \$200,000.00		L



# UNITED ORTHODOX SYNAGOGUES of HOUSTON

קהלות חרדות די יוסטן

9001 Greenwillow, Houston, Texas 77096-3359

Phone (713) 723-3850 Fax (713) 723-3852

Office email: uosinfo@uosh.org

Bulletin: uosbulletin@uosh.org

Website: www.uosh.org

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**RABBI EMERITUS**

Joseph Radinsky

**CANTOR EMERITUS**

Irving Dean

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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 form year to year thereafter so 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 \_\_\_/\_\_\_  
 Debit my account \_\_\_\_\_ at  
 \_\_\_\_\_ Bank, Routing number \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

NOTE: This application must be accompanied by a check for at least three (3) months dues and one-third Capital Improvement Fund.

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

COMPUTER INFORMATION SURVEY

MEMBER (A, B, C) \_\_\_\_\_:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME PREFERRED \_\_\_\_\_ TITLE PREFERRED (Mr., Dr.) \_\_\_\_\_

MARITAL STATUS\* \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

FAMILY NAME PREFERRED (Judy and Dave) \_\_\_\_\_

SPECIAL RESTRICTIONS (Wheelchair, etc.) \_\_\_\_\_

FAMILY TITLE PREFERRED (Prof. & Mrs.) \_\_\_\_\_

NUMBER CHILDREN \_\_\_\_\_ ANNIVERSARY DATE \_\_\_\_\_

BAR/BAT MITZVAH DATE \_\_\_\_\_ CONFIRMATION DATE \_\_\_\_\_

HEBREW NAME\*\* \_\_\_\_\_

FATHER'S HEBREW NAME\*\* \_\_\_\_\_

PARSHA OF BAR/BAT MITZVAH\*\* \_\_\_\_\_

OWN CEMETERY LOTS (Y/N) \_\_\_\_\_ IF YES, CEMETERY? \_\_\_\_\_

OCCUPATION \_\_\_\_\_

COMPANY NAME OR SCHOOL NAME \_\_\_\_\_

If there is any "special" information which you feel the Synagogue should be aware of, please enter here:

\*CODES: Married = M, Single = S, Widow = W, Divorced = D

\*\* Transliterate into English - i.e., Yaakov ben Avrohom