

United Synagogue Youth *Membership Form*



FOR OFFICE USE

Please send completed form to: International USY Affiliation, 820 Second Avenue, 10th floor, New York, NY 10017. Please include **ONE** check for both regional and international dues. If paying in Canadian funds, please make check payable to "United Synagogue of Conservative Judaism."

CONGREGATION		DATE	REGION
CONGREGATION ADDRESS		CITY, STATE, ZIP CODE	
INTERNATIONAL DUES \$15 X _____ = \$ _____	REGIONAL DUES \$ _____ X _____ = \$ _____	TOTAL DUES \$ _____	FOR OFFICE USE

Please enter the name, graduation year, complete address, phone number and email address of all new members not listed below. Please correct or add any information which does not appear correctly. Enter an "X" in the first column for those members listed below who did NOT reaffiliate.

X	Mr./ Ms.	Name—Last, First	(Account #)	Grad Yr.	Address	City	St	Zip Code	Phone Number	Email Address
1										
2										
3										
4										
5										
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8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										

TOTAL PAID MEMBERS:

In signing, the Advisor and Rabbi officially attest to the fact that the information contained above is, to the best of their knowledge, complete and accurate, and that all those whose names appear on these forms are Jewish according to the policies of the Conservative Movement.

ADVISOR (please print & sign name)

RABBI (please print & sign name)