



**ALEPH  
INSTITUTE**  
No One Alone,  
No One Forgotten.

## MEMBERSHIP APPLICATION

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

**In order to better serve you please provide the information below as completely as possible**  
All Jewish inmates are welcome as members of Aleph, regardless of background, affiliation, and level of observance.  
*Membership in Aleph does not certify member as Jewish as defined by Halakha "Jewish Law"*

### Please print clearly

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_  MALE  FEMALE INMATE ID # \_\_\_\_\_

INSTITUTION \_\_\_\_\_ Federal/ US. Marshall # (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_  STATE FACILITY  FED. FACILITY  COUNTY JAIL

**Please note: If you have access to e-mail, please e-mail us at [receptionist@alephne.org](mailto:receptionist@alephne.org) and add us to your allowed recipients list.**

PLEASE PROVIDE US WITH ANY ADDRESS WHERE YOU CAN RECEIVE MAIL UPON RELEASE (FRIEND OR RELATIVE IS FINE) \_\_\_\_\_  
RELEASE E-MAIL \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ HEBREW NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYMENT EXPERIENCE \_\_\_\_\_

DATE OF INCARCERATION \_\_\_\_\_ LENGTH OF SENTENCE \_\_\_\_\_ RELEASE DATE \_\_\_\_\_ PAROLE DATE \_\_\_\_\_

HIGHEST PUBLIC SCHOOL GRADE COMPLETED \_\_\_\_\_ JEWISH EDUCATION \_\_\_\_\_

SYNAGOGUE AFFILIATION \_\_\_\_\_ RABBI \_\_\_\_\_

### ONE OF THE CHOICES FOR EACH PARENT **MUST BE CHECKED**. PLEASE CHECK ONLY ONE: "BIRTH" OR "CONVERSION" OR "NOT JEWISH."

BIOLOGICAL MOTHER: JEWISH?  (BIRTH)  (CONVERSION\*)  (NOT JEWISH) FULL NAME \_\_\_\_\_ HEBREW FIRST NAME \_\_\_\_\_

BIO. MOTHER'S MOTHER: JEWISH?  (BIRTH)  (CONVERSION\*)  (NOT JEWISH) FULL NAME \_\_\_\_\_ HEBREW FIRST NAME \_\_\_\_\_

BIOLOGICAL FATHER: JEWISH?  (BIRTH)  (CONVERSION\*)  (NOT JEWISH) FULL NAME \_\_\_\_\_ HEBREW FIRST NAME \_\_\_\_\_

\* If mother or father is a convert, please indicate date and name of Rabbi who performed conversion: Date: \_\_\_\_\_ Rabbi: \_\_\_\_\_

Are you a convert to Judaism? \_\_\_\_\_ If yes, date of conversion \_\_\_\_\_ Rabbi supervising conversion \_\_\_\_\_ Synagogue \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ JEWISH?  (BIRTH)  (CONVERSION)  (NOT JEWISH) HEBREW FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAMES / AGES OF CHILDREN \_\_\_\_\_

NAME OF OTHER RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

WOULD YOU LIKE YOUR SPOUSE OR OTHER FAMILY MEMBERS TO RECEIVE MAILINGS FROM ALEPH? (YES) (NO) **USE SEPARATE SHEET FOR ADDITIONAL NAMES, ADDRESSES,**

I WAS REFERRED TO ALEPH BY: \_\_\_\_\_ **OR REQUIRED INFORMATION**

*I am submitting this application to The Aleph Institute for the purpose of receiving religious educational materials, ritual materials, and other forms of assistance for myself and my family. I understand that Aleph is relying on the truthfulness of the information contained in this application, I hereby affirm that all of the information I have provided is accurate, and I authorize Aleph to verify any information as it deems necessary.*

APPLICATION **MUST BE SIGNED** HERE: \_\_\_\_\_