



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 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 EMAIL _____

TELEPHONE (____) _____ HEBREW _____ 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: _____