



Kieltzer Sick and Benevolent Society of NY

Membership Application

Complete and submit to the Membership Committee - kieltzerleadership@kieltzer.org

Name _____

Address _____

Email address _____

Phone number (main) _____

Cell number _____

Your age _____

Religion _____

Please list all family members that reside at your home, with ages:

Note: Your spouse and all family members under 21 become Kieltzer Society Members upon acceptance of your application.

Please name your ancestors who lived in or near Kielce, where they resided and when, and their relationship to you. If you need more space for this information, do not hesitate to use a separate page:

Are you interested in volunteering in any particular area?

Genealogy		Social	
Burial Administration		Membership	
Web Development		Historical	

Membership dues are \$35/year per family