

Tiferet Israel Congregation

10909 Hillcrest Road, Dallas, Texas 75230

Tel 214-691-3611 Fax 214-361-0011

www.tiferetdallas.org

A MODERN ORTHODOX SYNAGOGUE **WHERE FAMILIES AND TRADITIONS UNITE**

Rabbi Y. M. Sabo
Ed Jerome, President

Welcome to Tiferet Israel Congregation. Our synagogue was chartered on March 15, 1890. Our beautiful sanctuary is a synthesis of traditional and modern synagogue architecture providing an atmosphere of sanctity and serenity for all who enter. The dignified Traditional Services, which are conducted by the Rabbi, give rise to meaningful prayer and meditation. Our service is in Hebrew and English enabling all worshippers to participate fully.

Our congregation strives to serve Judaism, our members, the community and the Jewish people through worship services, Jewish education for children and adults, social and cultural activities, and life cycle events.



Application For Membership With Tiferet Israel Congregation

(All information in this application will be treated confidentially.)

- ☐ Full Membership
☐ Associate Membership

Date _____

Name _____
(Please print name exactly as you wish to be listed on Synagogue roster.)

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone (s) _____

E-Mail (s) _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Date of Marriage _____

| | Adult Male | Adult Female |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name | | |
| Your Hebrew Name | | |
| Date of Birth | | |
| Place of Birth | | |
| Mother's Hebrew Name | | |
| Father's Hebrew Name | | |
| Occupation or Profession | | |
| Business Name | | |
| Business Address | | |
| Business Phone | | |
| Are You | <input type="checkbox"/> Kohan <input type="checkbox"/> Levite <input type="checkbox"/> Israelite | |
| Name of Congregation Where Currently Affiliated | | |
| List Relationship to Any Member Of Tiferet Israel | | |
| Religious Tradition in Which You Were Raised? | <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Traditional <input type="checkbox"/> Non-Practicing | <input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Traditional <input type="checkbox"/> Non-Practicing |
| Born Jewish <input type="checkbox"/> Yes <input type="checkbox"/> No | If converted, please list: Date, Rabbi, City, State | If converted, please list: Date, Rabbi, City, State |
| Date & Place of Bar/Bat Mitzvah | | |

**PLEASE FILL IN THE FOLLOWING INFORMATION
AS IT APPLIES TO EACH OF YOUR CHILDREN.**

| | | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Full Name | | | |
| Hebrew Name | | | |
| Birthdate | | | |
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| If Student, Name of School | | | |
| Date Confirmed | | | |
| Date Bar/Bat Mitzvah | | | |
| Religious School Previously Attended | | | |
| Will your child(ren) be attending Tiferet Israel Religious School? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade level? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade level? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade level? |

(Please attach a sheet of paper with identical information for additional children.)

Please list any memberships in other community organizations:

Yahrzeit and Cemetery Information

To receive a reminder of Yahrzeit date(s) please list information below:

| Name | Date of Death | Family Relationship |
|-------------|----------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

(See Next Page for Continuation of Yahrzeit Information)

CONTINUATION OF YAHRZEIT INFORMATION...

Names of the departed will be memorialized UPON REQUEST at Friday evening and Saturday morning services following the anniversary of death according to the Hebrew calendar.

Those for whom permanent memorials are established will be remembered annually on the anniversary of their death. (Information available through the Business Office.)

Do you own a cemetery plot? ☐Yes ☐No

If yes, give location _____

ADDITIONAL ADULTS LIVING IN HOUSEHOLD:

Name_____DOB_____Relationship_____

Name_____DOB_____Relationship_____

Name_____DOB_____Relationship_____

Persons to Contact in Case of Emergency (someone not living with you)

Name_____

Home Phone_____Work Phone_____

Address_____

City_____State_____Zip Code_____

Name_____

Home Phone_____Work Phone_____

Address_____

City_____State_____Zip Code_____

| For Office Use | |
|-------------------------------------|--------------|
| _____ Rabbi Approval | Dues_____ |
| _____ Membership Committee Approval | Payment_____ |
| _____ Board Approval | |