



# Membership Application Form

Today's Date: \_\_\_\_\_

## Family Information

Family Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Years in the Houston Area: \_\_\_\_\_

Married (Date: \_\_\_\_\_) Single Divorced Widow

## Household Members

### Adult 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Cohen Levi Yisroel

Religious Tradition: Conservative Reform Orthodox Reconstructionist Non-Jewish

Father's Name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Cohen Levi Yisroel

Mother's Name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Cohen Levi Yisroel

### Adult 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Cohen Levi Yisroel

Religious Tradition: Conservative Reform Orthodox Reconstructionist Non-Jewish

Father's Name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Cohen Levi Yisroel

Mother's Name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Cohen Levi Yisroel

### Children:

Name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Living at Home / In College \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Living at Home / In College \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Living at Home / In College \_\_\_\_\_



Name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Living at Home / In College \_\_\_\_\_  
**Yarzheits**

English Name \_\_\_\_\_ Hebrew Name, Ben/Bat \_\_\_\_\_

Related To (ex. Mother of *Whom*?) \_\_\_\_\_ Date of Death (MM/DD/Year) \_\_\_\_\_

English Name \_\_\_\_\_ Hebrew Name, Ben/Bat \_\_\_\_\_

Related To (ex. Mother of *Whom*?) \_\_\_\_\_ Date of Death (MM/DD/Year) \_\_\_\_\_

English Name \_\_\_\_\_ Hebrew Name, Ben/Bat \_\_\_\_\_

Related To (ex. Mother of *Whom*?) \_\_\_\_\_ Date of Death (MM/DD/Year) \_\_\_\_\_

Current member of another congregation? Yes No

Congregation Name: \_\_\_\_\_

Location: \_\_\_\_\_

Past member of another congregation? Yes No

Congregation Name: \_\_\_\_\_

Location: \_\_\_\_\_

When? \_\_\_\_\_

### Areas of Interest / Volunteer Opportunities (Please check all that apply)

Activity	Adult 1	Adult 2
Adult Education		
Bulletin/Website		
Facilities		
Fundraising		
Membership		
Publicity		
Religious School		
Ritual		

Activity	Adult 1	Adult 2
Youth Group		
Men's Club		
Sisterhood		
Social Action		
Singles Programs		
Seniors Programs		
Young Family Programs		
Office Assistance		

### How can CSH best meet your needs?

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*Please send this completed form as an email attachment to:*  
**[membership@shaarhashalom.org](mailto:membership@shaarhashalom.org) and/or [cs@shaarhashalom.org](mailto:cs@shaarhashalom.org)**

*Or, bring your completed form to the Synagogue office during normal working hours. Or, you can send your completed form by postal mail to the address below, attention MEMBERSHIP.*