



MEMBERSHIP APPLICATION

Date: _____

Adult 1:

Name: _____

Hebrew Name: _____

Please write transliterated with father and mother

Cohen Levi Yisrael Converted

Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Anniversary Date: _____

Adult 2 (if applicable):

Name: _____

Hebrew Name: _____

Please write transliterated with father and mother

Cohen Levi Yisrael Converted

Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Children

| Name | Date of Birth | Grade | Living at home? | Intend to enroll in Religious School? |
|-----------|---------------|-------|--|--|
| _____ M/F | ___/___/___ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ M/F | ___/___/___ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ M/F | ___/___/___ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Yahrzeits

| Name of Deceased | Relationship | English Date of Death | Before Sunset | After Sunset |
|------------------|--------------|-----------------------|-----------------------------|-----------------------------|
| _____ | _____ | _____/_____/_____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| _____ | _____ | _____/_____/_____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| _____ | _____ | _____/_____/_____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| _____ | _____ | _____/_____/_____ | <input type="checkbox"/> am | <input type="checkbox"/> pm |

GENERAL INFORMATION

How many years have you lived in Houston? _____

Are you presently a member of another Houston area congregation? No Yes

If so, where? _____

If you are not presently a member of another Houston area congregation, have you been in the last 3 years? No Yes

If so, where? _____

How much was your most recent annual dues obligation to any congregation? \$_____

Have you previously been a member of Brith Shalom? No Yes

If so, when? _____

What are your reasons for applying for membership at Brith Shalom at this time? _____

Do you have relatives or friends who are Brith Shalom congregants? No Yes

If so, who? _____

In what Jewish organizations are members of your family currently active? _____

Other comments or special needs: _____

Please fill out and e-mail as an attachment to Cherye-Ann DeLong at exec.asst@brithshalom.org

OFFICE USE ONLY

Date Application received by office: _____