

TODAY'S DATE

Congregation Israel of San Antonio
16320 Heubner Road (at St. Andrew)
San Antonio, Texas 78248

FOR OFFICE USE ONLY

"Progressive Judaism in Prayer and Practice"
Membership Application

(Information you furnish will be kept confidential. It is intended only for our records.)

MALE: ___ FEMALE: ___

NAME INCL. TITLE _____

HEBREW NAME: _____

IF FEMALE, MAIDEN NAME: _____

RESIDENCE: _____

CITY/STATE/ZIP: _____

PHONE: _____

ALTERNATE PHONE: _____

PRIMARY EMAIL: _____

OTHER EMAIL: _____

DOB: ___/___/___ SSN: ___-___-___

MARITAL STATUS: MARRIED ___ DATE: ___/___/___

DIVORCED ___ DATE: ___/___/___

WIDOWED ___ DATE: ___/___/___

OCCUPATION/TITLE: _____

TYPE OF BUSINESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

BESIDES PARTNER, NOTIFY IN CASE OF EMERGENCY:

MALE: ___ FEMALE: ___

NAME INCL. TITLE _____

HEBREW NAME: _____

IF FEMALE, MAIDEN NAME: _____

RESIDENCE: _____

CITY/STATE/ZIP: _____

PHONE: _____

ALTERNATE PHONE: _____

PRIMARY EMAIL: _____

OTHER EMAIL: _____

DOB: ___/___/___ SSN: ___-___-___

MARITAL STATUS: MARRIED ___ DATE: ___/___/___

DIVORCED ___ DATE: ___/___/___

WIDOWED ___ DATE: ___/___/___

OCCUPATION/TITLE: _____

TYPE OF BUSINESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

BESIDES PARTNER, NOTIFY IN CASE OF EMERGENCY:

LIST OF DEPARTED FOR YAHRZEIT RECORD(S):

NAME	RELATIONSHIP	DATE OF DEATH/YAHRZEIT (BEFORE OR AFTER SUNDOWN)

AS PART OF OUR LIFE CYCLE PROTECTION, WE WILL KEEP ON FILE THE LOCATION OF ANY CEMETERY PROPERTY THAT YOU OWN.

NAME OF CEMETERY _____

ADDRESS (STREET/CITY/STATE/ZIP) _____

PHONE NUMBER _____

LOCATION OF MEMORIAL PROPERTY _____

RELIGIOUS BACKGROUND:

WHEN I WAS GROWING UP, MY FAMILY WAS AFFILIATED AS FOLLOWS:

PARTNER ONE: JEWISH- REFORM _____ CONSERVATIVE _____ ORTHODOX _____ OTHER _____

NOT JEWISH _____ SPECIFY (OPTIONAL) _____

JEW BY CHOICE _____ DATE ____/____/____

PARTNER TWO: JEWISH- REFORM _____ CONSERVATIVE _____ ORTHODOX _____ OTHER _____

NOT JEWISH _____ SPECIFY (OPTIONAL) _____

JEW BY CHOICE _____ DATE ____/____/____

SPECIAL TALENTS, SKILLS, INTERESTS: _____

SINGLE CHILDREN

CHILD'S FULL NAME	M/F?	BIRTH DATE	GRADE. IF NOT AT HOME GIVE FULL ADDRESS.

MARRIED CHILDREN

MARRIED NAME AND SPOUSE	BIRTH DATE	CITY/STATE	GRANDCHILDREN

OTHER ADULTS AT HOME

FULL NAME	BIRTH DATE	RELATIONSHIP	SYNAGOGUE AFFILIATION

CURRENT/PREVIOUS/ADDITIONAL SYNAGOGUE AFFILIATION(S): _____
 HOW LONG AGO? _____ DO YOU HAVE AN OUTSTANDING OBLIGATION? _____
 HAVE YOU BEEN INVOLVED IN SYNAGOGUE LIFE? _____ IF SO, IN WHAT CAPACITY? _____

You may return this form by mailing to the following address or faxing to the number below:

CONGREGATION ISRAEL OF SAN ANTONIO
 16320 HUEBNER (AT ST. ANDREW), SAN ANTONIO, TEXAS 78248

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