

Last name(s): _____



Congregation Kol Halev

3415 Greystone Dr. #307 • Austin, TX 78731 • 512-419-0945 • info@kolhalev.org

MEMBERSHIP APPLICATION • MEMBER PROFILE

Date: _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ If married, wedding anniversary: _____

Cell Phone 1: _____ Cell Phone 2: _____

E-Mail 1: _____ E-Mail 2: _____

	Adult 1	Adult 2
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Name _____

Birthdate _____

Jewish? Yes No Yes No

Jewish Background? Reform Conservative Orthodox Reconstructionist Secular Other

Jewish Education? Religious School Bar/Bat Mitzvah Confirmation

Your Hebrew Name: _____

Father's Hebrew Name: _____

Mother's Hebrew Name: _____

Who referred you to Kol Halev? _____

Family or friends affiliated with Kol Halev: _____

Prior congregation affiliation (Please list): _____

Involvement in other Jewish organizations (Please list): _____

(SEE REVERSE FOR CONTINUATION OF FORM)

Business/Occupation Information

Adult 1: Occupation: _____ Company: _____

Phone: _____ E-mail: _____

Adult 2: Occupation: _____ Company: _____

Phone: _____ E-mail: _____

Children and/or Stepchildren

Please provide the information about your children below:

Child 1: Name: _____ Hebrew Name: _____ Sex: Male Female

Birthday (m/d/y): _____ Address (if different): _____

Child 2: Name: _____ Hebrew Name: _____ Sex: Male Female

Birthday (m/d/y): _____ Address (if different): _____

Child 3: Name: _____ Hebrew Name: _____ Sex: Male Female

Birthday (m/d/y): _____ Address (if different): _____

Child 4: Name: _____ Hebrew Name: _____ Sex: Male Female

Birthday (m/d/y): _____ Address (if different): _____

Yahrzeits

If you would like to receive Hebrew anniversary reminders of the death of a loved one, please provide the following information. Year of death **MUST** be included so that an accurate Jewish date can be determined.

Name: _____ Hebrew Name: _____

Relationship: _____ Related to: _____ Date of Death (*include year*): _____

Name: _____ Hebrew Name: _____

Relationship: _____ Related to: _____ Date of Death (*include year*): _____

Name: _____ Hebrew Name: _____

Relationship: _____ Related to: _____ Date of Death (*include year*): _____

Name: _____ Hebrew Name: _____

Relationship: _____ Related to: _____ Date of Death (*include year*): _____

Name: _____ Hebrew Name: _____

Relationship: _____ Related to: _____ Date of Death (*include year*): _____

Name: _____ Hebrew Name: _____

Relationship: _____ Related to: _____ Date of Death (*include year*): _____