



# CONGREGATION HAVURAH SHALOM MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

\_\_\_\_\_  
LAST NAME FIRST NAME BIRTH MONTH AND DAY  
(FIRST MEMBER)

\_\_\_\_\_  
LAST NAME FIRST NAME BIRTH MONTH AND DAY  
(ADDITIONAL MEMBER)

\_\_\_\_\_  
CURRENT ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
E-MAIL ADDRESS(ES)

\_\_\_\_\_  
TELEPHONE WEDDING ANNIVERSARY MONTH AND DAY

Yahrzeits:

NAME	SECULAR DATE	NAME	SECULAR DATE

**NOTE: YAHRZEIT ANNOUNCEMENTS WILL BE INCLUDED IN THE MONTHLY SERVICES OF THE SECULAR DATE.**

Please send this application with your check for \$18 per member, payable to Congregation Havurah Shalom, to: Arlene Locke, 113 Hill Country Dr., Georgetown, TX 78633.

CHS MiniBio Form

If you need more space, use the back of the sheet.

First Member

1. Your Name: \_\_\_\_\_
2. Hometown: \_\_\_\_\_
3. Previous Residences (city/state): \_\_\_\_\_
4. Sun City Games/Sports: \_\_\_\_\_
5. Hobbies/Special Interests/Skills: \_\_\_\_\_
6. Favorite Vacation Locations: \_\_\_\_\_
7. Favorite Sun City Area Restaurants: \_\_\_\_\_
8. Favorite Sports Teams: \_\_\_\_\_
9. Other Special Information About You:  
\_\_\_\_\_  
\_\_\_\_\_

Second Member

1. Your Name: \_\_\_\_\_
2. Hometown: \_\_\_\_\_
3. Previous Residences (city/state): \_\_\_\_\_
4. Sun City Games/Sports: \_\_\_\_\_
5. Hobbies/Special Interests/Skills: \_\_\_\_\_
6. Favorite Vacation Locations: \_\_\_\_\_
7. Favorite Sun City Area Restaurants: \_\_\_\_\_
8. Favorite Sports Teams: \_\_\_\_\_
9. Other Special Information About You:  
\_\_\_\_\_  
\_\_\_\_\_