

CONGREGATION HAVURAH SHALOM MEMBERSHIP APPLICATION

DATE: _____

LAST NAME (FIRST MEMBER)	FIRST NAME	BIRTH MONTH AND DAY
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LAST NAME (ADDITIONAL MEMBER)	FIRST NAME	BIRTH MONTH AND DAY
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CURRENT ADDRESS

CITY	STATE	ZIP CODE
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E-MAIL ADDRESS(ES)

TELEPHONE	WEDDING ANNIVERSARY MONTH AND DAY
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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: Rosalind Anes, 1530 Sun City Blvd., Ste 120, PMB 406, 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:

