

Tiferet Israel Congregation

10909 Hillcrest Road, Dallas, Texas 75230

Tel 214-691-3611 Fax 214-361-0011

www.tiferetisrael.org

A TRADITIONAL SYNAGOGUE WHERE FAMILIES AND TRADITIONS UNITE

**Rabbi Shawn B. Zell, Rabbi
Ed Jerome, President**

Welcome to Tiferet Israel Congregation. Our synagogue was chartered on March 15, 1890. Our beautiful sanctuary is a synthesis of traditional and modern synagogue architecture providing an atmosphere of sanctity and serenity for all who enter. The dignified Traditional Services, which are conducted by the Rabbi, give rise to meaningful prayer and meditation. Our service is in Hebrew and English enabling all worshippers to participate fully.

Our congregation strives to serve Judaism, our members, the community and the Jewish people through worship services, Jewish education for children and adults, social and cultural activities, and life cycle events.



Application For Membership With Tiferet Israel Congregation

(All information in this application will be treated confidentially.)

- Full Membership
 Associate Membership

Date _____

Name _____
 (Please print name exactly as you wish to be listed on Synagogue roster.)

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone (s) _____

E-Mail (s) _____

Marital Status: Single Married Separated Divorced Widowed

Date of Marriage _____

	Adult Male	Adult Female
Full Name		
Your Hebrew Name		
Date of Birth		
Place of Birth		
Mother's Hebrew Name		
Father's Hebrew Name		
Occupation or Profession		
Business Name		
Business Address		
Business Phone		
Are You	<input type="checkbox"/> Kohan <input type="checkbox"/> Levite <input type="checkbox"/> Israelite	
Name of Congregation Where Currently Affiliated		
List Relationship to Any Member Of Tiferet Israel		
Religious Tradition in Which You Were Raised?	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Traditional <input type="checkbox"/> Non-Practicing	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Traditional <input type="checkbox"/> Non-Practicing
Born Jewish <input type="checkbox"/> Yes <input type="checkbox"/> No	If converted, please list: Date, Rabbi, City, State	If converted, please list: Date, Rabbi, City, State
Date & Place of Bar/Bat Mitzvah		

**PLEASE FILL IN THE FOLLOWING INFORMATION
AS IT APPLIES TO EACH OF YOUR CHILDREN.**

Full Name			
Hebrew Name			
Birthdate			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
If Student, Name of School			
Date Confirmed			
Date Bar/Bat Mitzvah			
Religious School Previously Attended			
Will your child(ren) be attending Tiferet Israel Religious School?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade level?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what grade level?

(Please attach a sheet of paper with identical information for additional children.)

Please list any memberships in other community organizations:

YAHARZEIT AND CEMETERY INFORMATION

To receive a reminder of Yahrzeit date(s) please list information below:

Name	Date of Death	Family Relationship
<hr/>		
<hr/>		
<hr/>		
<hr/>		

(See Next Page for Continuation of Yahrzeit Information)

CONTINUATION OF YAHRZEIT INFORMATION...

Names of the departed will be memorialized UPON REQUEST at Friday evening and Saturday morning services following the anniversary of death according to the Hebrew calendar.

Those for whom permanent memorials are established will be remembered annually on the anniversary of their death. (Information available through the Business Office.)

Do you own a cemetery plot? Yes No

If yes, give location _____

ADDITIONAL ADULTS LIVING IN HOUSEHOLD:

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Persons to Contact in Case of Emergency (someone not living with you)

Name _____

Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip Code _____

Name _____

Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip Code _____

For Office Use	
_____ Rabbi Approval	Dues _____
_____ Membership Committee Approval	Payment _____
_____ Board Approval	