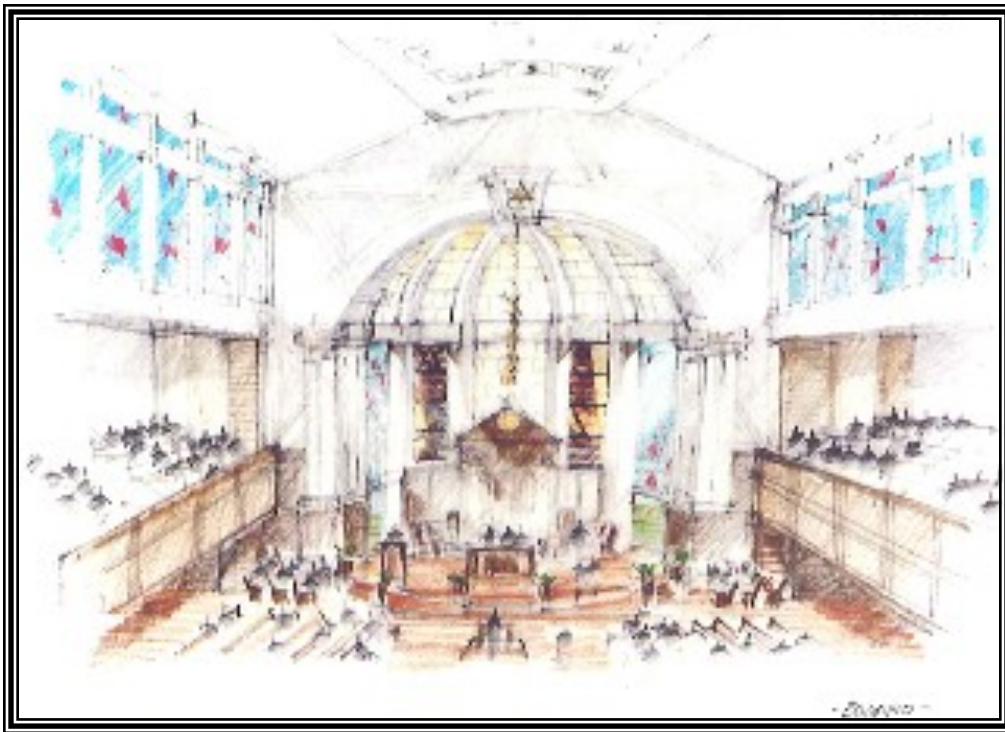


CONGREGATION ANSHAI TORAH APPLICATION FOR MEMBERSHIP



5501 West Parker Road
Plano, TX 75093
972-473-7718 ~ 972-473-7714 fax
anshai@anshaitorah.org
www.anshaitorah.org

Stefan J. Weinberg, Rabbi
Michael J. Kushnick, Rabbi



Membership Application

Welcome to the Anshai Torah family. Please complete the information on all three pages of this application. For questions, call the office at 972-473-7718.

Please Print

Name(s) _____

Address _____

City & Zip _____ Home Phone _____

Single Divorced Widowed Married (date) _____ How long in Dallas? _____

	Adult 1	Adult 2
Title	<input type="checkbox"/> Mr./Ms./Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi <small>(Please circle)</small>	<input type="checkbox"/> Mr./Ms./Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi <small>(Please circle)</small>
Hebrew Name	_____ <small>(e.g. Shmuel ben Moishe v' Chana or Hanna bat Daveed v' Devorah)</small>	_____ <small>(e.g. Shmuel ben Moishe v' Chana or Hanna bat Daveed v' Devorah)</small>
Date of Birth	_____ <small>(month / day / year)</small>	_____ <small>(month / day / year)</small>
Occupation	_____ _____	_____ _____
Employer	_____ _____	_____ _____
Phone	(O) _____ (C) _____	(O) _____ (C) _____
Email	_____ _____	_____ _____
Parent Names	_____ _____	_____ _____
Contact #'s	_____ _____	_____ _____
Birth Mother Jewish?	<input type="checkbox"/> Y <input type="checkbox"/> N Convert? <input type="checkbox"/> Y <input type="checkbox"/> N <small>(attach conversion certificate)</small>	<input type="checkbox"/> Y <input type="checkbox"/> N Convert? <input type="checkbox"/> Y <input type="checkbox"/> N <small>(attach conversion certificate)</small>
Tribe	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Bar/Bat Mitzvah?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you:		
Read Hebrew	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speak Hebrew	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Read Torah	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chant Haftarah	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chant Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current synagogue affiliation (name / location) _____

Do you: Keep a kosher home? Yes No Live within two miles of Anshai Torah? Yes No

Jewish/Community Organizations _____

Religious Traditions _____
(e.g. Orthodox, Conservative, Reform, Christian, celebrations, etc.)

How did you hear about Anshai Torah? _____

Children (If not born Jewish, please include conversion certificate.)

	Child 1	Child 2	Child 3	Child 4
Name				
Gender				
Hebrew Name				
Date of Birth				
Bar/Bat Mitzvah (date if applicable)				
Hebrew School (years/location)				
Hebrew Day School (years/location)				
Sunday School (years/location)				
Youth Groups				
Grade / College				

Yahrzeits We will notify you by letter a few weeks prior to the yahrzeit of your loved one(s); but we must have the following information. Please limit your list to immediate family members—e.g. parents, grandparents, siblings, children.

Name of Deceased	Relationship (e.g. father of 'Jane')	Date of Death (mo / date / yr)	Before/After Sundown (time of death)

Do you own a cemetery plot? Y N Location _____

Please list any special skills or talents. _____

Please list any questions / concerns you would like addressed. _____

Committee Interests We encourage your active participation — the success of our many program opportunities depends on member involvement. Please select your area(s) of interest.

Education

- Adult
- B/Mitzvah Tutoring
- Early Childhood
- Preschool
- Religious School
- Scholar in Residence

Community Events

- Chili Cook Off
- Mitzvah Day
- Tikkun Olam

Facilities

- Building / Grounds
- Design
- Landscape
- Technology

Finance

- Budget
- Capital Campaign
- Endowment
- Fundraising
- Investments

Holidays / Events

- Hannukah
- High Holy Days
- Lag b'Omer
- Passover
- Purim
- Shabbat Shidduch
- Shabbat Under the Stars
- Shalach Manot
- Shavuot
- Sukkot

Lifecycle

- Cemetery
- Hesed (Caring)
- Hevra Kadisha
- Mahsah Nahfshi (Healing)

Membership

- Chavurah (Circle of Friends)
- Directory
- Prospective
- Welcome

Office Volunteer

- Mailings
- Phone Tree

Organizations

- Hazak 55+
- Kol Rina (Men's Choir)
- Kol Shira (Women's Choir)
- Men's Club
- Sisterhood

Publicity

- Maintain Website
- Newspaper Articles

Ritual

- Minyan
- Usher

Youth Groups

- Halutzim (Grades 3-5)
- Kadima (Grades 6-8)
- USY (Grades 9-12)
- BBYO

Other

- Special One-Time Event

I (we) hereby apply for membership to Congregation Anshai Torah and agree to abide by its constitution, rules and regulations.

I (we) understand that my (our) current synagogue will be contacted to verify that I (we) resigned as member(s) in good standing.

I (we) understand that I (we) are obligated to pay any financial obligations associated with membership at Congregation Anshai Torah. Further, I (we) understand that I (we) remain liable for any outstanding obligations to the congregation should I (we) resign.

Applicant Signature

Date

Applicant Signature

Date

**Please submit completed application to:
 Congregation Anshai Torah ~ 5501 West Parker Road ~ Plano, TX 75093**