

ADAT HaTIKVAH TZION
HOPE OF ZION CONGREGATION

MEMBER INFORMATION SHEET

NAME: _____ DATE: _____
ADDRESS: _____ BIRTHDAY: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE (H): _____ (C): _____ (W): _____
EMAIL: _____ BAPTIZED: Y__ N__
SPOUSE: _____ BIRTHDAY: _____
PHONE (C): _____ (W): _____
EMAIL: _____ BAPTIZED: Y__ N__

OTHER FAMILY MEMBERS (*children, grandparents, etc.*)

NAME	RELATIONSHIP	DOB	PHONE/EMAIL	BAPTIZED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY CONTACT

NAME: _____ PHONE: _____
RELATIONSHIP: _____

DO YOU HAVE RELATIVES IN THIS CONGREGATION? IF SO, PLEASE LIST
THEIR NAMES: _____

PLEASE DESCRIBE YOUR SALVATION EXPERIENCE ON THE BACK OF THIS
FORM AND RETURN IT WITH THE MEMBERSHIP AGREEMENT

Adat Hatikvat Tzion
Hope of Zion Congregation

Tell about your Salvation Experience:

MEMBER INFORMATION SHEET

NAME: _____ DATE: _____
ADDRESS: _____ BIRTHDAY: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE (H): _____ (C): _____ (W): _____
EMAIL: _____ BAPTIZED: Y ___ N ___
BIRTHDAY: _____
PHONE (C): _____ (W): _____
EMAIL: _____ BAPTIZED: Y ___ N ___

OTHER FAMILY MEMBERS (children, grandparents, etc.)

NAME	RELATIONSHIP	DOB	PHONE	EMAIL	BAPTIZED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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