

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:**

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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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RELATIONSHIP: \_\_\_\_\_

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