



Where Jews of All Backgrounds Feel at Home

6821 McCallum Blvd, Dallas, TX 75252

Phone: 972-380-1292

## APPLICATION FOR MEMBERSHIP

**Applicant** \_\_\_\_\_  
(First) (Middle) (Last) (Hebrew)

Father's Hebrew Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

**Spouse** \_\_\_\_\_  
(First) (Middle) (Last) (Hebrew)

Father's Hebrew Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Applicant Phone #:** \_\_\_\_\_ **Spouse Phone #:** \_\_\_\_\_

**Applicant Email:** \_\_\_\_\_ **Spouse Email:** \_\_\_\_\_

**Are you Jewish by Birth?** \_\_\_\_\_ **Spouse Jewish by Birth?** \_\_\_\_\_

Child's English Name	Hebrew Name	Preferred Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Membership Jan 1<sup>st</sup> through Dec 31<sup>st</sup>

☐ Eitz Chayim \$5000
 ☐ Master Builder \$1500
 ☐ Family \$1250  
☐ Young Family (Under 35) \$750
 ☐ Single \$725
 ☐ Associate \$350  
☐ One Payment OR \$\_\_\_\_\_ per month for \_\_\_\_\_ months

### Additional Monthly Sponsorships

☐ Rabbi's Discretionary \$54/mo
 ☐ Kiddush \$36/mo
 ☐ Children's Program \$18/mo

### Payment

Credit Card # \_\_\_\_\_ Exp (MM/YY) \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

*Please return completed form to [zbaker86@gmail.com](mailto:zbaker86@gmail.com). No one will be denied membership due to financial hardship.*