

MEMBERSHIP APPLICATION

For Office Use Only

Member # _____

Date _____ 20 _____

We/I hereby apply for membership in Congregation Keneseth Israel, a congregation dedicated to the principles of Reform Judaism.

Mailing Name and Address

Name _____

Address _____

City & State _____ Zip Code _____

Telephone Number () _____

E-Mail address _____

Cell phone _____

Marital Status

Married _____ (Date of Marriage) _____ / _____ / _____

Single _____ Separated _____ Widowed _____ Divorced _____

Member

First & Middle Names _____

Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Miss _____

Preferred Name (nickname) _____

Hebrew Name (if applicable) _____

Date of Birth _____ / _____ / _____

Occupation _____

Business Name _____

Business Telephone () _____

Religious Background

Reform _____ Conservative _____ Orthodox _____

Other (explain) _____

Date of Bar/Bat Mitzvah _____ / _____ / _____

Previous Congregational Affiliation _____

Co-Member

Name _____

Dr. _____ Mr. _____ Mrs. _____ Ms. _____ Miss _____

Preferred Name (nickname) _____

Hebrew Name (if applicable) _____

Date of Birth _____ / _____ / _____

Cell phone _____

Occupation _____

Business Name _____

Business Phone () _____

Email: _____

Religious Background

Reform _____ Conservative _____ Orthodox _____

Other (explain) _____

Date of Bar/Bat Mitzvah _____ / _____ / _____

Previous Congregational Affiliation _____

Children 18 & Under

Name _____ Sex _____

Hebrew Name _____

D.O.B _____ Date B/B.M. _____ Conf. _____

Rel. School Grade _____ Public School/Grade _____

Name _____ Sex _____

Hebrew Name _____

D.O.B _____ Date B/B.M. _____ Conf. _____

Rel. School Grade _____ Public School/Grade _____

Name _____ Sex _____

Hebrew Name _____

D.O.B _____ Date B/B.M. _____ Conf. _____

Rel. School Grade _____ Public School/Grade _____

Committee Interests

Member name: _____

_____ Temple Board	_____ Religious School
_____ Social Action	_____ Finance/Budget
_____ Publicity	_____ Youth Activities
_____ Outreach	_____ Singles
_____ Cemetery	_____ Religious Practices
_____ Continuing Education	_____ Music
_____ Women of KI	_____ Brotherhood
_____ Membership	_____ Fund Raising
_____ Personnel	_____ Shabbat B'Yachad
_____ Ad Book	_____ Soup Kitchen
_____ Development/Endowment	_____ Mitzvah Corps
_____ Brit Olam (Social Justice)	

Skills, talents & hobbies _____

Emergency Contact _____

How did you learn about KI _____

Committee Interest

Co-Member name: _____

_____ Temple Board	_____ Religious School
_____ Social Action	_____ Finance/Budget
_____ Publicity	_____ Youth Activities
_____ Outreach	_____ Singles
_____ Cemetery	_____ Religious Practices
_____ Continuing Education	_____ Music
_____ Women of KI	_____ Brotherhood
_____ Membership	_____ Fund Raising
_____ Personnel	_____ Shabbat B'Yachad
_____ Ad Book	_____ Soup Kitchen
_____ Development/Endowment	_____ Mitzvah Corps
_____ Brit Olam (Social Justice)	

Skills, talents & hobbies _____

MEMBERS OF FAMILY TO BE INCLUDED ON YAHRTZEIT LIST

(Unless otherwise noted, English dates will be observed)

Name _____
Relationship _____ of _____
English Date of Death _____

Name _____
Relationship _____ of _____
English Date of Death _____

Name _____
Relationship _____ of _____
English Date of Death _____

Name _____
Relationship _____ of _____
English Date of Death _____

I further state that I have no outstanding dues and/or other considerations owing to any other synagogue.

Signed Member _____ Date _____

Co-Member _____ Date _____

Accepted by _____ Date _____