

CONGREGATION KNESES TIFERETH ISRAEL

575 KING STREET, PORT CHESTER, NEW YORK 10573
(914) 939-1004 fax (914) 939-1086 info@congkti.org www.congkti.org



Whether you are looking to connect with the Jewish community, give your child a strong Jewish education, or want an inviting place to go for the holidays, Congregation KTI is dedicated to helping you engage with Jewish traditions, culture, spirituality, and *tikkun olam* (healing the world) in ways that are meaningful to you.

Congregation KTI is a multi-generational, egalitarian, open and affirming synagogue, where everyone is welcome and everyone counts.

Why did you choose KTI ? _____

Adult A M () F () Mr./Mrs./Ms./Dr.

Adult B M () F () Mr./Mrs./Ms./Dr.

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Hebrew Name: _____

Hebrew Name: _____

Date of Birth: _____

Date of Birth: _____

Marital Status: _____

Marital Status: _____

Anniversary Date: _____

Anniversary Date: _____

Married in a Religious Ceremony? _____

Married in a Religious Ceremony? _____

Childhood Religious Affiliation _____

Childhood Religious Affiliation _____

B/B Mitzvah Date & Portion: _____

B/B Mitzvah Date & Portion: _____

Mail should be addressed to: _____

Home address: _____

City, State, Zip: _____

Alternate Address: _____

Home Phone: _____ Cell Phone: Adult A _____ Adult B _____

E-Mail: Adult A _____ Adult B _____

Relatives or Friends Currently Affiliated With KTI _____

Adult A

Do you read Hebrew? _____

If Prior Synagogue Affiliation - Name & Address

Kohen _____ Levi _____ Israelite _____

Occupation: _____

Name of Business _____

Address: _____

Work # _____ Fax # _____

E-Mail: _____

Adult B

Do you read Hebrew? _____

If Prior Synagogue Affiliation - Name & Address

Kohen _____ Levi _____ Israelite _____

Occupation: _____

Name of Business _____

Address: _____

Work # _____ Fax # _____

E-Mail: _____

CHILDREN

FIRST NAME	LAST NAME	HEBREW NAME	DATE OF BIRTH	GENDER	SCHOOL & SCHOOL GRADE

If you have any college age children who would like to receive mail and holiday packages, please provide the following information. Please be sure to inform the office of any changes.

Name: _____

Address: _____

Email _____ Cell Phone _____

Year of graduation: _____

Yahrzeit Observance

If you would like to receive notification every year for immediate family, please fill out the information below.

<u>Name of Loved One</u>	<u>Relative of</u>	<u>Relationship</u>	<u>Date of Death (include before or after sundown)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Congregation KTI owns and operates Riversville Cemetery in Glenville, CT

Would you like further information? _____

Would you like information about purchasing Memorial plaques? _____

Minyan Availability

Congregation KTI is committed to maintaining a Sunday morning minyan and we rely on the support of our members to do so. Please indicate whether you are interested in attending regularly. If needed, can we call you at the last minute? Best number to reach you at _____

Committees

Congregants are encouraged to avail themselves of the many opportunities to participate in the life of our Synagogue. Please indicate committees you would be interested in serving on

- | | | | | | |
|----------------------------------|----------------------------------|--------------------|----------------------------------|----------------------------------|-------------------------|
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Adult Education | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Membership Committee |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Building & Grounds | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Program Planning |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Finance Committee | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Publicity Committee |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Green Committee | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Ritual Committee |
| <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Hesed Committee | <input type="checkbox"/> Adult A | <input type="checkbox"/> Adult B | Social Action Committee |

Adult A Adult B Would you be interested in our Adult Bar/Bat Mitzvah Program?

Adult A Adult B Would you be interested in reading Torah/Haftarah on a regular basis?

INTERESTS AND SKILLS

Please tell us a little more about you. What interests and skills do you have that you might share with our congregation?

- | | |
|---|--|
| <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Read Hebrew
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Speak Hebrew
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Torah/Haftarah chanting
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Arts & Crafts (specify) _____
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Cooking/Baking
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Photography/Videography
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Knitting/Sewing
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Carpentry/Woodworking
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Gardening
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Fitness/Nutrition (specify) _____
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Drawing-Painting/Design | <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Marketing/PR
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Writing/Editing
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Graphic Design
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Web Design
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Electronic Newsletters
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Social Media
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Database Management
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Computer Networks
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Development/Fundraising
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Event Planning
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Grant Proposal Writing |
|---|--|

PRO BONO– PROFESSIONAL SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Internet/Technology Services
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Architecture/Interior Design
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Legal
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Accounting/Finance/Investments
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Human Resources/Personnel
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Plumbing/Electrical /Building Systems Consultation
<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B Security/Emergency Preparedness/Law Enforcement | |
|---|--|

Are there any other special interests, skills or services you want to tell us about ? _____

FOR OFFICE USE ONLY:

Code: _____

Approved: _____

Date

Computer Entry: _____

Date

Initial

Billed: _____

Date

Distribution: _____