

Membership Application



CONGREGATION
KESSER ISRAEL

The Orthodox Synagogue for All Jews

Congregation Kesser Israel
P.O. Box 80811 Portland, OR
97280 www.kesserisrael.org
info@kesserisrael.org

THANK YOU for your support of Congregation Kesser Israel and your interest in membership! We value your participation and membership in our community. Kesser Israel is a **full-service** Orthodox Synagogue for All Jews. Every day, every week, and every month Kesser offers services and programs that are vital to Jewish life and to our community. Our goal is to help you make a personal and meaningful connection to Judaism and the Jewish people.

Your involvement in the congregation is so important – all of us at Congregation Kesser Israel enrich one another with our shared connection. By becoming a member of Kesser Israel, you are becoming a partner in all of the vital work that Kesser does for our local Jewish community. We thank you for your partnership and support.

If there is any way that we can be of support to you and your family, please reach out to us by phone or by email.

503-222-1239
rabbibrodkin@gmail.com
shannon@kesserisrael.org

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Page 1: Member Information

Page 2: Family Information

Page 3: Membership Type and Payment Information



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Member Information (Adult 1)		Application Date:
Title:	First Name:	Last Name:
Hebrew Name:	Date of Birth (English):	Date of Birth (Hebrew):
Home Address:	List in Directory ___Y ___N	
City:	State:	Zip:
Home Phone: List in Directory ___Y ___N	Cell Phone:	List in Directory ___Y ___N
E-Mail Address:	List in Directory ___Y ___N	
I am: ___Kohen ___Levi ___Israel ___Convert	If Married, Anniversary Date:	
If Convert, Name of Converting Rabbi or Beit Din:		
Member 1 - Parent's Jewish Background		
Father's Hebrew Name: ben	If Father is Jewish, Father's Hebrew Background ___Cohen ___Levi ___Israel ___Convert	
Mother's Hebrew Name: bat	If Mother is Jewish, Mother's Hebrew Background ___Cohen ___Levi ___Israel ___Convert	
If Convert, Name of Converting Rabbi or Beit Din:		
Member Information (Adult 2, if applicable)		
Title:	First Name:	Last Name:
Hebrew Name:	Date of Birth (English):	Hebrew Birthday:
Email Address: List in Directory ___Y ___N	Home Phone:	Cell Phone: List in Directory ___Y ___N
E-Mail Address:		
I am: ___Kohen ___Levi ___Israel ___Convert		
If Convert, Name of Converting Rabbi or Beit Din:		
Member 2 - Parent's Jewish Background		
Father's Hebrew Name: ben	If Father is Jewish, Father's Hebrew Background ___Cohen ___Levi ___Israel ___Convert	
Mother's Hebrew Name: bat	If Mother is Jewish, Mother's Hebrew Background ___Cohen ___Levi ___Israel ___Convert	
If Convert, Name of Converting Rabbi or Beit Din:		

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Membership and Payment Information

Please indicate your membership level below.

Your Selection	Membership Type	Annual Dues	Monthly Payments	Term
	Family Couple (2 adults and any dependent children under age 25)	\$ 1,490.00	\$ 124.17	Annual
	Family Single (1 adult and any dependent children under age 25)	\$ 1,145.00	\$ 95.42	Annual
	Single (1 adult, no children)	\$ 1,145.00		
	Seniors (Up to 2 adults, age 70 and above)*	\$ 1,490.00	\$ 124.17	Annual
	Temporary Resident (under 1 yr)		\$ 100.00	Monthly
	Enrolled University Student	\$ 300.00	\$ 25.00	Annual
	Friend of Kesser (member of another congregation, and would like to support Kesser Israel)	\$ 500.00	\$ 41.67	Annual
	Out of Town Supporter	\$ 180.00	\$ 15.00	Annual
	To support the Shul, please increase my annual dues payment by: _____ 10% (\$150) _____ Other			
Total			\$	

Members Ages 25-30 - 50% Reduction for First Two Years

Your Selection	Membership Type	Annual Dues	Monthly Payments	Term
	Young Family Couple (2 adults both between ages 25 and 30 and any dependent children)	\$ 745.00	\$ 62.00	Annual
	Young Family Single (1 adult between the ages of 25 and 30 and any dependent children)	\$ 572.00	\$ 47.70	Annual
	Young Single (1 adult between ages 25 and 30 and no children)	\$ 572.00	\$ 47.70	Annual

* Are you a senior in need of a break? Inquire to our office about our special senior option. No application required.

Reduced Dues (check below if appropriate):

I would love to join Kesser Israel and would like to request financial assistance. Please send me an application _____ for Reduced Dues.

Applicant Signature: _____

Please submit form via mail to the address below or email to: Shannon@kesserisrael.org

Membership

Congregation Kesser Israel

PO Box 80811

Portland, OR 97280