



KMS Membership Application

Date: _____

I/we apply for the following type of Membership:

- Full
 Under 35
 Individual
 Double Chai
 Triple Chai
 Associate

Family Name: _____

Address: _____

Home Phone: _____ Preferred Email: _____

Marital Status: _____ If Married, Anniversary: _____

I/We do not wish to have my/our home phone number cell phone number email address published in the directory.

Member 1:

- Mr.
 Mrs.
 Ms.
 Dr.
 Rabbi

Name: _____

Hebrew Name: _____

Date of Birth: _____

Profession: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

- Cohen
 Levi
 Yisrael

Father's Name: _____

Father's Hebrew Name: _____

Mother's Name: _____

Mother's Hebrew Name: _____

Member 2:

- Mr.
 Mrs.
 Ms.
 Dr.
 Rabbi

Name: _____

Hebrew Name: _____

Date of Birth: _____

Profession: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

- Cohen
 Levi
 Yisrael

Father's Name: _____

Father's Hebrew Name: _____

Mother's Name: _____

Mother's Hebrew Name: _____

Children

English Name: _____

Hebrew Name: _____

English D.O.B.: _____

Hebrew D.O.B.: _____

- Male
 Female

School: _____ Grade: _____

English Name: _____

Hebrew Name: _____

English D.O.B.: _____

Hebrew D.O.B.: _____

- Male
 Female

School: _____ Grade: _____

English Name: _____

Hebrew Name: _____

English D.O.B.: _____

Hebrew D.O.B.: _____

- Male
 Female

School: _____ Grade: _____

English Name: _____

Hebrew Name: _____

English D.O.B.: _____

Hebrew D.O.B.: _____

- Male
 Female

School: _____ Grade: _____

Please indicate all Yahrzeits observed:

Name of Deceased	Hebrew Name	Relationship	Date of Death	Hebrew Date

Please contact me regarding Memorial Plaques.

Please list any extended family members who are members of Kemp Mill Synagogue:

How did you hear about KMS? Friend Realtor Internet
Other_____

Prior synagogue affiliation(s) and
dates:_____

City:_____ State:_____

Rabbi:_____

Terms of Membership

- The membership year is January 1 through December 31.
- Membership dues and fees are payable according to the KMS Bylaws.

- Full Membership** \$1375 per calendar year + \$5,000 building fund obligation (payable over eight years - \$625 per year)
- Individual Membership** \$1050 per calendar year
- Double Chai Membership** \$3,700 per calendar year
- Triple Chai Membership** \$5400 per calendar year
- Under 35 Membership** \$1050 per calendar year +\$5,000 building fund obligation (payable over eight years - \$625 per year)
- Associate Membership** \$780 per calendar year. You must be a member of another local synagogue in order to select this option. I am a member of _____.

Please include payment. Credit Card payments may be made by calling the KMS office.

Member 1 Signature:_____ Date:_____

Member 2 Signature:_____ Date:_____

For office use only: __Rabbi __File __ShulCloud __Gabbai

Revised 2/2018

Please return this form to
Kemp Mill Synagogue
11910 Kemp Mill Road, Silver Spring, Maryland 20902
www.kmsynagogue.org
301.593.0996 (phone) 301.592.0251 (fax)

Confidential Member Information*

Are you Currently Married? Yes No

Spouse's name: _____

Name of Rabbi who officiated: _____

Place of Marriage: _____

Date of Marriage: _____

	<u>Husband</u>	I	<u>Wife</u>
Were you ever married previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did any previous marriage end in divorce?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children from a previous marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you convert to Judaism?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I	<input type="checkbox"/> Yes <input type="checkbox"/> No

To the best of your knowledge:

Were your parents born to a Jewish mother? Yes No I Yes No

Were either of your parents converted to Judaism? Yes No I Yes No

Were either of your parents divorced prior to your birth? Yes No I Yes No

Please list all Synagogue affiliations to date:

I would like a personal interview with the Rabbi in lieu of completing this form.

Please use the back of this page for additional comments or information.

Signature Member 1: _____ Date: _____

Signature Member 2: _____ Date: _____

Most accessible phone number: _____

*Only the Rabbi reviews and files this information.

For office use only: Rabbi File ShulCloud Gabbai

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