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## Knesset Israel Membership Application

Family Last name: \_\_\_\_\_

Main telephone: \_\_\_\_\_

Application Date: \_\_\_\_\_

Membership Type:      Traditional      Chaver      Kesher

**Complete this form and return it to**

**Knesset Israel**

**16 Colt Rd.**

**Pittsfield, MA**

**413.445.4872**

**413.496.9378 (fax)**

**[office@knessetisrael.org](mailto:office@knessetisrael.org)**

**Mailing address IN the Berkshires:**

Street/PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Approximate dates you are here in the  
Berkshires (MM/DD-MM/DD)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mailing address OUTSIDE the Berkshires:**

Street/PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

**Family Status:**☐ Married – anniversary date: \_\_\_\_\_☐ Single      ☐ Partner☐ Divorced☐ Widowed☐ Other \_\_\_\_\_**Adult 1**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender/Preferred pronoun: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Religious information:**

Hebrew Name: \_\_\_\_\_

☐ Jewish☐ Kohen☐ Levi☐ Yisrael☐ None☐ Other: \_\_\_\_\_

Father's Hebrew name: \_\_\_\_\_

Mother's Hebrew name: \_\_\_\_\_

Conversion Info (if applicable):

Rabbi's name: \_\_\_\_\_

Congregation: \_\_\_\_\_

Date: \_\_\_\_\_

**Adult 2**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender/Preferred pronoun: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Religious information:**

Hebrew Name: \_\_\_\_\_

☐ Jewish☐ Kohen☐ Levi☐ Yisrael☐ None☐ Other: \_\_\_\_\_

Father's Hebrew name: \_\_\_\_\_

Mother's Hebrew name: \_\_\_\_\_

Conversion Info (if applicable):

Rabbi's name: \_\_\_\_\_

Congregation: \_\_\_\_\_

Date: \_\_\_\_\_

**Children living at home (Include those away at college):**

1. English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Gender/Preferred pronoun: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade in School: \_\_\_\_\_ Bar/Bat Mitzvah date: \_\_\_\_\_
2. English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Gender/Preferred pronoun: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade in School: \_\_\_\_\_ Bar/Bat Mitzvah date: \_\_\_\_\_
3. English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Gender/Preferred pronoun: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade in School: \_\_\_\_\_ Bar/Bat Mitzvah date: \_\_\_\_\_
4. English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Gender/Preferred pronoun: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade in School: \_\_\_\_\_ Bar/Bat Mitzvah date: \_\_\_\_\_

**Adult children living elsewhere:**

1. English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Spouse/Partner's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street/PO Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
2. English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Spouse/Partner's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street/PO Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
3. English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Spouse/Partner's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street/PO Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
4. English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Spouse/Partner's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street/PO Box: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Household members:**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Relatives who are already Knesset Israel members:**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

<b>Yahrzeits</b>	English name	Hebrew name	English date of death	Receive Yahrzeit
Observer	(first & last)	(Inc. parents' names)	We'll calculate the Hebrew date	notice from KI?
			<input type="checkbox"/> Before sunset <input type="checkbox"/> After sunset	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Before sunset <input type="checkbox"/> After sunset	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Before sunset <input type="checkbox"/> After sunset	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Before sunset <input type="checkbox"/> After sunset	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Before sunset <input type="checkbox"/> After sunset	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Before sunset <input type="checkbox"/> After sunset	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Skills and interests:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adult Education            | <input type="checkbox"/> Film Festival & Cultural Programming | <input type="checkbox"/> Read Hebrew             |
| <input type="checkbox"/> Caring Committee           | <input type="checkbox"/> Fundraising & Development            | <input type="checkbox"/> Rosh Hodesh Group       |
| <input type="checkbox"/> Chant Torah/Haftarah       | <input type="checkbox"/> Hevra Kadisha /Shomer/Cemetery       | <input type="checkbox"/> Social Action & Justice |
| <input type="checkbox"/> Communications & PR        | <input type="checkbox"/> House & grounds                      | <input type="checkbox"/> Teacher                 |
| <input type="checkbox"/> Cooking                    | <input type="checkbox"/> Lead services                        |  |
| <input type="checkbox"/> Family & Youth Programming | <input type="checkbox"/> Library                              |  |
|   | <input type="checkbox"/> Membership & welcoming               |  |
|   | <input type="checkbox"/> Music                                |  |

**How did you hear about Knesset Israel?**


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**Why have you chosen to join the congregation?**


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**I would like more information:**

- ☐ Hebrew School  
☐ Adult Education  
☐ Learning Hebrew  
☐ Summer Programming  
☐ Synagogue skills  
☐ Knesset Israel Cemetery  
☐ Summer Camp  
☐ Family Programming