

Kehillat Shalom Membership Form



Location: 4500 Dempster Street, Skokie, IL 60076 (Located in the Ezra Habonim Niles Township Jewish Congregation building)

Phone: 847 - 834 - 9029 Email: office@kehilatshalom.org Web: www.kehilatshalom.org

Welcome! We are delighted to have you join Kehillat Shalom. We wish to make your experience a positive one. To accomplish that goal, please provide the following information. Note: The information that you provide will be used to let members of the congregation know when you are celebrating a birthday and an anniversary, as well as commemorating a yahrzeit. Information will also be shared with Ezra Habonim Niles Township Jewish Congregation (EHNTJC) for administrative purposes.

Member 1

Title: Mr/Mrs/Ms/Dr/Other (circle one): _____
Last Name: _____
First Name: _____
Hebrew Name: _____
Home Address
Street: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ - _____ - _____
Cell Phone: _____ - _____ - _____
Email address: _____
Date of Birth: _____
Date of Wedding Anniversary: _____
Are you a Kohen/Levi/Israelite? (circle one)

Member 2

Title: Mr/Mrs/Ms/Dr/Other (circle one): _____
Last Name: _____
First Name: _____
Hebrew Name: _____
Home Address
Street: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ - _____ - _____
Cell Phone: _____ - _____ - _____
Email address: _____
Date of Birth: _____
Date of Wedding Anniversary: _____
Are you a Kohen/Levi/Israelite? (circle one)

Children

1. Name: _____

Date of Birth: _____

2. Name: _____

Date of Birth: _____

3. Name: _____

Date of Birth: _____

4. Name: _____

Date of Birth: _____

Yahrzeit Records:

If there are yahrzeit dates observed in your family, please list them. EHNTJC will send you a reminder of the yahrzeit based upon the information that you provide. Please indicate the method that you prefer to get the reminders from EHNTJC. The reminder will include an opportunity to make a charitable contribution; there is no service fee for charitable contributions made via credit card.

I prefer to get yahrzeit reminders by the following method: ___email ___postal service

1. English Name: _____

Hebrew Name: _____

Relationship: _____

Date of death: _____

2. English Name: _____

Hebrew Name: _____

Relationship: _____

Date of death: _____

3. English Name: _____

Hebrew Name: _____

Relationship: _____

Date of death: _____

4. English Name: _____

Hebrew Name: _____

Relationship: _____

Date of death: _____

Community Participation:

Your involvement in our congregation helps to build community. Please let us know about your interests (for example reading Torah, Haftorah, d'var Torah, programming, ushering, Steering Committee...etc.) in the space below:

Thank you for completing the membership form!