



APPLICATION FOR MEMBERSHIP

(Please type or print neatly)

1. LAST NAME _____ **FIRST NAME** _____ **Mr/Mrs/Ms/Dr Middle Initial** _____

Hebrew Name _____ I am a *(check one)* Kohen Levi Israelite Convert Not Jewish

Father's Hebrew Name _____ **Mother's Hebrew Name** _____

Date of Birth (with year) _____ **Cell Phone** _____ **Email** _____

SPOUSE LAST NAME _____ **FIRST NAME** _____ **Mr/Mrs/Ms/Dr Middle Initial** _____

Hebrew Name _____ I am a *(check one)* Kohen Levi Israelite Convert Not Jewish

Father's Hebrew Name _____ **Mother's Hebrew Name** _____

Date of Birth (with year) _____ **Cell Phone** _____ **Email** _____

(check one) Married—Wedding Anniversary *(with year)* _____ Single Divorced Widowed

2. HOME ADDRESS _____

City _____ **State** _____ **Zip** _____ **Home Phone** _____

3. OCCUPATION _____ **EMPLOYER** _____

Business Address _____

City _____ **State** _____ **Zip** _____ **Business Phone** _____

SPOUSE OCCUPATION _____ **EMPLOYER** _____

Business Address _____

City _____ **State** _____ **Zip** _____ **Business Phone** _____

4. PRIOR SYNAGOGUE AFFILIATION _____

City _____ **State** _____ **Number of years as a member** _____

5. CHILDREN *(please complete the following information if you have children 24 years old and under)*

English Name	Hebrew Name	Sex	Date of Birth	Lives with you?	Grade	Name of School

6. Have either you or your children undergone a conversion? Are any of your children adopted? If so, did they undergo a conversion? If you answered “yes” to any of these questions, please list below the names and dates of the conversion and any relevant details.

7. YAHRZEIT INFORMATION (please complete the following information for annual Yahrzeit notification)

English Name of Deceased	Relationship/ To Whom	Hebrew Date of Death	English Date of Death	Before/After Sundown?

8. INVOLVEMENT OPPORTUNITIES (for more details about the opportunities listed below, please visit www.kehilatshalom.org or call the office at 301-869-7699)

NOTE: For households with two adults, please use the first letter of each name to indicate interest or use B for both.

I/We are interested in these programs and/or committees:

- Adult Education
- Budget/Finance/Investment
- Caring Community/Social Action
- Development/Fundraising
- Fine Arts/Cultural Arts
- Havurah
- House and Grounds
- Information Technology/Website
- Israel Programming
- Library
- Membership
- Planning and Innovation
- Public Relations/Communications
- Special Events/Programs
- Ritual/Service Participation
- Other _____

I/We would like more information about:

- Sisterhood
- Men’s Club
- Active Retirees
- Religious School
- Youth Groups

I/We would like to help by:

- Attending daily minyan
(in addition to assigned weeks)
- Catering/Kitchen duty
- Greeting/Ushering at services
- Volunteering in the office

Please contact me/us for:

- Special volunteer opportunities
- Special giving opportunities

9. HOW DID YOU HEAR about Kehilat Shalom? Friend/Family Website Ad in _____ Other _____

10. I/We hereby apply for membership to Kehilat Shalom and I/we agree to abide by Kehilat Shalom’s Constitution:

Signature of Applicants

Date of Application

All applications for membership are subject to approval by the Board of Directors.

FOR OFFICE USE ONLY		
<input type="checkbox"/> CHV	<input type="checkbox"/> INTR-CHV	<input type="checkbox"/> PEN
<input type="checkbox"/> DIR	<input type="checkbox"/> INTR-EML	<input type="checkbox"/> ROL
<input type="checkbox"/> EMAIL	<input type="checkbox"/> LTR	<input type="checkbox"/> STF
<input type="checkbox"/> HH	<input type="checkbox"/> MEMB	<input type="checkbox"/> YHR