

Dear Prospective Member

Thank you for filling out this application. We are excited about the possibility of your family joining the Keter Torah community. The application will be reviewed by Rabbi Baum as soon as possible.

Please contact Rabbi Baum at rabbibaum@keter Torah.org with any questions, or feel free to contact the shul office with any needs you may have.

Sincerely,

*Howard Gruenspecht
Congregation Keter Torah*

Membership Application

Please provide a family picture along with this form * May the picture be shared with our membership? ___ (Y/N)
Membership is \$1,700.00 per year plus an \$18 Eruv assessment, a \$36 Mikvah assessment and a \$200 Security assessment.

Date _____

Family

Last Name _____ Wife's last name (if different) _____

Address _____ Town _____ Zip _____

Home Phone _____ Married _____ Single _____ Anniversary _____

Male Please choose one: Kohen Levi Yisrael

First Name _____ Date of Birth ____ / ____ / ____

Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Cell# _____ Email _____

Occupation _____ Bus# _____

Company _____

Synagogue Skills: Daven _____ Read the Torah / Haftorah _____ Gabbai _____

Conversion – If so please list officiating Rabbi (need for both male & female)

Female

First Name _____ Date of Birth ____ / ____ / ____

Hebrew Name _____

Father's Hebrew Name _____

Mother's Hebrew Name _____

Cell# _____ Email _____

Occupation _____ Bus# _____

Company _____

Please indicate if you are currently Member or Affiliate of any other Shul

Name of shul _____ Affiliate _____ Member _____

Name of shul _____ Affiliate _____ Member _____

Previous Shul Attended

Shul _____ Rabbi _____ Phone # _____

Shul _____ Rabbi _____ Phone # _____

Children

If children are married, please include spouse's name in comments field below

Name _____ Hebrew name _____

M or F _____ Date of Birth ____ / ____ / ____

Grade _____ School _____

Name _____ Hebrew name _____

M or F _____ Date of Birth ____ / ____ / ____

Grade _____ School _____

Name _____ Hebrew name _____

M or F _____ Date of Birth ____ / ____ / ____

Grade _____ School _____

Name _____ Hebrew name _____

M or F _____ Date of Birth ____ / ____ / ____

Grade _____ School _____

Name _____ Hebrew name _____

M or F _____ Date of Birth ____ / ____ / ____

Grade _____ School _____

Name _____ Hebrew name _____

M or F _____ Date of Birth ____ / ____ / ____

Grade _____ School _____

Yartzeit Information

1. Relative of Wife _____ Husband _____

Relationship _____

Hebrew Date of Yartzeit _____

Name _____

Hebrew Name _____

2- Relative of Wife _____ Husband _____

Relationship _____

Hebrew Date of Yartzeit _____

Name _____

Hebrew Name _____

3. Relative of Wife _____ Husband _____

Relationship _____

Hebrew Date of Yartzeit _____

Name _____

Hebrew Name _____

4- Relative of Wife _____ Husband _____

Relationship _____

Hebrew Date of Yartzeit _____

Name _____

Hebrew Name _____

Some Opportunities to get involved

1. In which area would you be willing to serve?

A ___ Helping to prepare a meal for a member who is sitting shiva, is ill or recently had a child

B ___ Providing transportation for a new mother or someone undergoing a personal difficulty

C ___ Bikur cholim

D ___ Hosting a new member or potential member family for a Shabbat meal

E ___ Delivering welcome packages to new and potential members

G ___ Youth Department

H ___ Fundraising

Comments
