Dear Prospective Affiliate 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@ketertorah.org with any questions, or feel free to contact the shul office with any needs you may have.
Sincerely,
Howard Gruenspecht Congregation Keter Torah

Affiliate Membership Application

Membership is \$375 per year

Please provide a family picture along with this form.

	Date
<u>Family</u>	Martin Land Community (Community)
Last Name	Wife's last name (if different)
Address	Town Zip
Home Phone Married	Single
Male Please circle one: Kohen Levi Yisrael	<u>Female</u>
First Name	First NameDate of Birth / /
Hebrew Name	Hebrew Name
Father's Hebrew Name	Father's Hebrew Name
Mother's Hebrew Name	Mother's Hebrew Name
Cell# Email	Cell#
Occupation Bus#	Occupation Bus#
Company	Company
Conversion – If so please list officiating Rabbi in notes (need for b Synagogue Skills: Daven Read the Torah / Haftorah Gabb	,
Please indicate if you are currently Member or Affiliate or	
riease malcate if you are currently Member of Armate o	t any other Shul
Name of shul	Affiliate Member
Name of shul	Affiliate Member
Name of shul Name of shul Previous Shul Attended	Affiliate Member
Name of shul Name of shul Previous Shul Attended Shul Rabbi	Affiliate Member Affiliate Member
Name of shul Name of shul Previous Shul Attended Shul Rabbi Shul Rabbi	Affiliate Member Affiliate Member Phone # Phone # Children
Name of shul Name of shul Previous Shul Attended Shul Rabbi Shul Rabbi If children are married, please	Affiliate Member Affiliate Member Phone # Phone # Phone # Children See include spouse's name in comments field below
Name of shul	Affiliate Member Affiliate Member Phone # Phone # Children se include spouse's name in comments field below 4 - Name Hebrew name
Name of shul	Affiliate Member Affiliate Member Phone # Phone # Children Se include spouse's name in comments field below 4 - Name Hebrew name M or F Date of Birth//
Name of shul	Affiliate Member Affiliate Member Phone # Phone # Children Se include spouse's name in comments field below 4 - Name Hebrew name M or F Date of Birth / / Grade School
Name of shul	Affiliate Member Affiliate Member Phone # Phone # Phone # Children Se include spouse's name in comments field below 4 - Name Hebrew name M or F Date of Birth//

Yartzeit Information

1. Relative of Wife Husband	3. Relative of Wife Husband
Relationship	Relationship
Hebrew Date of Yartzeit	Hebrew Date of Yartzeit
Name	Name
Hebrew Name	Hebrew Name
2- Relative of Wife Husband	4- Relative of Wife Husband
Relationship	Relationship
Hebrew Date of Yartzeit	Hebrew Date of Yartzeit
Name	Name
Hebrew Name	Hebrew Name
Comments	