



Welcome to Kol HaNeshamah

We are excited you are joining Kol HaNeshamah. Please complete this Membership Application and return it to Kol HaNeshamah via email at membership@kolhaneshamah.org or via mail to PO Box 8002 Englewood, NJ 07631.

HEAD OF HOUSEHOLD A

Title Dr. Mr. Mrs. Ms. Other: _____

First Name & Middle Initial _____

Last Name _____

Hebrew Name (May be Transliterated) _____

Kohen Levi Israel

Parents' Names _____

Marital Status Single Married Separated Divorced
Div/Remarried Widowed

Date of Birth Month _____ Date _____ Year _____

Wedding Date Month _____ Date _____ Year _____

Home Address Street _____ Town _____
Zip Code _____

Home Phone (include area code) _____

Cell Phone (include area code) _____

Email Address _____

HEAD OF HOUSEHOLD B

Title Dr. Mr. Mrs. Ms. Other: _____

First Name & Middle Initial _____

Last Name _____

Hebrew Name (May be Transliterated) _____

Kohen Levi Israel

Parents' Names _____

Marital Status Single Married Separated Divorced
Div/Remarried Widowed

Date of Birth Month _____ Date _____ Year _____

Wedding Date Month _____ Date _____ Year _____

Home Address Street _____ Town _____

Zip Code _____

Home Phone (include area code) _____

Cell Phone (include area code) _____

Email Address _____

CHILDREN

(1) Name _____

Preferred Name _____

Phone _____

Marital Status _____ Sex _____

Date of Birth Month _____ Date _____ Year _____

School _____

Grade in School _____

Email address _____

(2) Name _____

Preferred Name _____

Phone _____

Marital Status _____ Sex _____

Date of Birth Month _____ Date _____ Year _____

School _____

Grade in School _____

Email address _____

(3) Name _____

Preferred Name _____

Phone _____

Marital Status _____ Sex _____

Date of Birth Month _____ Date _____ Year _____

School _____

Grade in School _____

Email address _____

(4) Name _____

Preferred Name _____

Phone _____

Marital Status _____ Sex _____

Date of Birth Month _____ Date _____ Year _____

School _____

Grade in School _____

Email address _____

Are all listed family members born to a Jewish mother or converted to Judaism? (Y or N) _____

Have any listed family members been adopted? (Y or N) _____

Have any listed members converted to Judaism? (Y or N) _____

Yahrzeit Record

Name _____

Relationship to Deceased _____

English Date _____

Hebrew Date (may leave blank) _____

Hebrew Name _____

Kohen Levi Israel

ACTIVITIES OF THE CONGREGATION

Please indicate your interest in serving on any of these committees

- | | |
|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Budget and Finance |
| <input type="checkbox"/> Capital Campaign | <input type="checkbox"/> Chesed |
| <input type="checkbox"/> Communications/ Marketing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Chesed Committee | <input type="checkbox"/> High Holy Days |
| <input type="checkbox"/> Kiddush Committee | <input type="checkbox"/> Library |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Music |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Religious Practices |
| <input type="checkbox"/> Religious School | <input type="checkbox"/> Singles |
| <input type="checkbox"/> Social Action/Tikun Olam | <input type="checkbox"/> Special Events/ Fundraising |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Young Members |
| <input type="checkbox"/> Youth Services | |

PREVIOUS SYNAGOGUE OR AFFILIATION

- Yes No

Name and community of previous congregation:

- Orthodox Conservative Reform Reconstructionist Other

- Do you read Hebrew? Not at all Moderately Very well
 Not at all Moderately Very well

Additional comments and/or interests:

We apply for membership in Kol HaNeshamah and agree to be bound by its by-laws, regulations and applicable yearly-billed dues. We agree to pay annual membership dues in advance and school tuition (if applicable). Membership continues in Kol HaNeshamah from year to year until I/we submit my/our written resignation/s or membership is otherwise terminated.

Signature _____
Date _____

Signature _____
Date _____