

*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@keter Torah.org](mailto: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*

## Affiliate Membership Application

Membership is \$360 per year

Please provide a family picture along with this form.

Date \_\_\_\_\_

### Family

Last Name \_\_\_\_\_ Wife's last name (if different) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Married \_\_\_\_ Single \_\_\_\_

**Male** Please circle one:    Kohen    Levi    Yisrael

First Name \_\_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_

Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Bus# \_\_\_\_\_

Company \_\_\_\_\_

**Female**

First Name \_\_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_

Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

Mother's Hebrew Name \_\_\_\_\_

Cell# \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Bus# \_\_\_\_\_

Company \_\_\_\_\_

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

Synagogue Skills: Daven \_\_\_\_ Read the Torah / Haftarah \_\_\_\_ Gabbai \_\_\_\_

### 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

1 - Name \_\_\_\_\_ Hebrew name \_\_\_\_\_      4 - Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

M or F \_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_

M or F \_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_

Grade \_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_ School \_\_\_\_\_

2 - Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

5 - Name \_\_\_\_\_ Hebrew name \_\_\_\_\_

M or F \_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_

M or F \_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_

Grade \_\_\_\_ School \_\_\_\_\_

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 \_\_\_\_\_

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#### **Comments**

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