

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 \$1,500.00 per year plus an \$18 Eruv assessment and a \$36 Mikvah assessment.

Date _____

Family

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

Address _____ Town _____ Zip _____

Home Phone _____ Married ___ Single ___ Anniversary _____

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 _____

Synagogue Skills: Daven ___ Read the Torah / Haftarah ___ 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

1 - Name _____ Hebrew name _____ 3 - Name _____ Hebrew name _____

M or F ___ Date of Birth ___ / ___ / ___ M or F ___ Date of Birth ___ / ___ / ___

Grade ___ School _____ Grade ___ School _____

2 - Name _____ Hebrew name _____ 4 - 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 _____

3. 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 _____

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
 - F ___ Adult Education Committee
 - G ___ Youth Department
 - H ___ Fundraising
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Comments
