

*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](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*

## Membership Application

Please provide a family picture along with this form \* May the picture be shared with our membership? \_\_\_ (Y/N)  
Membership is \$1,600.00 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 \_\_\_\_\_

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### **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**

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