

Keshet Israel
The Georgetown Synagogue
 2801 N Street NW, Washington, DC 20007
 Ofc.: 202-333-2337 • Fax: 202-333-4808
 Email: info@keshet.org • Web: www.keshet.org

Membership Information

Please answer all questions as fully as possible. Write Hebrew names and dates in English where requested.

Date: _____

Name: _____

Spouse's Name (last name also if different from member's): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Membership Status

Family 28-65 Under 28 Over 65 Student Associate*

* belong to another congregation not within walking distance of Keshet Israel

Family Data

Married (Date of Marriage: _____) Single Widowed Divorced

Children

Name	Sex	Date of Birth	Bar/Bat Mitzvah	Religious School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent Information (Transliterate Hebrew into English)

	Member (Father's Name)		Spouse (Father's Name)
Hebrew:	_____	_____	_____
English:	_____	_____	_____
	Member (Mother's Name)		Spouse (Mother's Name)
Hebrew:	_____	_____	_____
English:	_____	_____	_____

Professional Information

Member:

Business

Name: _____ Occupation: _____

Business

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Spouse:

Business

Name: _____ Occupation: _____

Business

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Personal Data

Member: Hebrew Name: _____ Birthday: _____

Hebrew Name (Transliteration): _____

Kohen Levi Israel Blood Type (optional): A B O AB + or -

Spouse: Hebrew Name: _____ Birthday: _____

Hebrew Name (Transliteration): _____

Kohen Levi Israel Blood Type (optional): A B O AB + or -

Synagogue Committees

Please check which committees in which you are interested in becoming involved.

- Administrative (help with office IT support, mailings, etc.)
- Adult Education
- Bikkur Cholim (visiting the sick)
- Buildings and Grounds (help maintain Kesher Israel physical facilities)
- Chesed (community involvement)
- Chevra Kadisha
- Communications (help with the Bulletin)
- Eruv Maintenance
- Fundraising
- Hospitality
- Library
- Sisterhood

Yahrzeit Information

This date will allow our office to send you yahrzeit notices. Please attach additional sheet(s) as necessary.

Member: English: Name: _____ Date of Death: _____
Month Day Year
Hebrew: Name: _____ Date of Death: _____
Month Day Year
Transliteration: _____
Relationship to you: _____

Member: English: Name: _____ Date of Death: _____
Month Day Year
Hebrew: Name: _____ Date of Death: _____
Month Day Year
Transliteration: _____
Relationship to you: _____

Member: English: Name: _____ Date of Death: _____
Month Day Year
Hebrew: Name: _____ Date of Death: _____
Month Day Year
Transliteration: _____
Relationship to you: _____

Spouse: English: Name: _____ Date of Death: _____
Month Day Year
Hebrew: Name: _____ Date of Death: _____
Month Day Year
Transliteration: _____
Relationship to you: _____

Spouse: English: Name: _____ Date of Death: _____
Month Day Year
Hebrew: Name: _____ Date of Death: _____
Month Day Year
Transliteration: _____
Relationship to you: _____

Directory Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: (_____) _____

Business: (_____) _____

Fax: (_____) _____

Email: _____

Spouse's Name: _____

(last name also if different from member's)

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: (_____) _____

Business: (_____) _____

Fax: (_____) _____

Email: _____

Please indicate what specific items you do **NOT** want listed in the directory:

Office Use Only

Board Approved: _____

Dues Payment: _____

SAP Issue: _____

CONFIDENTIAL

This information will be reviewed only by the Rabbi and no one else.

For the following questions, please note that family includes you (member), your spouse, unmarried children, parents, and grandparents. In the event that the answer is yes, please provide relevant details and attach appropriate documentation to the application. Please contact the Rabbi should you have any questions.

1. Have there been any conversions in your family? Yes No

2. Have there been any adoptions in your family? Yes No

3. Have there been any divorces in your family? Yes No
