

KESHER ISRAEL
THE GEORGETOWN SYNAGOGUE
 2801 N Street, NW Washington, D.C. 20007
 Office (202) 333-2337 Fax (202) 333-4808
 E-Mail: info@keshet.org Web Page: 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 _____

Phone () _____ (Home) Fax () _____ (Home)

Membership Status

Family() 28-65 () Under 28() Over 65() Student() Associate*()

*belong to another congregation not within walking distance of Keshet

Family Data

Marital Status: Married Single Widowed Divorced

Date of Marriage _____

Children

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

Parent Information (Transliterate Hebrew into English)

Father

Member (Father's Name)

Spouse (Father's Name)

Hebrew Name _____

English Name _____

Mother

Member (Mother's Name)

Spouse (Mother's Name)

Hebrew Name _____

English Name _____

Payment Information

	Full Payment	Quarterly Payments
Family	\$800	\$200.00
Single 28-64	\$580	\$145.00
Single under 28	\$420	\$105.00
Single 65 and over	\$420	\$105.00
Student	\$180	\$ 45.00
Associate	\$250	\$ 62.50

___ My check for full payment of my membership is enclosed

___ Please charge the full price of membership to my credit card

Credit card type: VISA MasterCard

Credit card number: _____ Exp. Date _____

Name on card: _____ 3 digit CVV _____

___ Please charge membership to my credit card quarterly (September, December, March, June)

Credit card type: VISA MasterCard

Credit card number: _____ Exp. Date _____

Name on card: _____ 3 digit CVV _____

Professional Information

Member: Business Name _____ Occupation _____

Business Address _____

City _____ State _____ Zip _____ Phone () _____

Fax _____ E-Mail _____

Spouse: Business Name _____ Occupation _____

Business Address _____

City _____ State _____ Zip _____ Phone () _____

Fax _____ E-Mail _____

Personal Data

Member: Hebrew Name _____ Birthday _____

Hebrew Name (Transliteration) _____

Kohen ___ Levi ___ Israel ___ Blood Type (optional) A B O AB +OR- (circle)

Spouse: Hebrew Name _____ Birthday _____

Hebrew Name (Transliteration) _____

Kohen ___ Levi ___ Israel ___ Blood Type (optional) A B O AB +OR- (circle)

Synagogue Committees

(Please indicate what committee(s) you are interested in becoming involved)

1. Administrative (help with computer support, mailings, etc.) _____
2. Building and Grounds (help maintain Kesher Israel physical facilities) _____
3. Communications (help with the bulletin) _____
4. Chesed (community involvement) _____
5. Bikkur Cholim (visiting the sick) _____
6. Chevra Kadisha _____
7. Adult Education _____
8. Eruv maintenance _____
9. Mikvah _____
10. Hospitality _____
11. Fundraising _____
12. Library _____
13. Sisterhood _____

Yahrzeit Information

(This information will allow us to send out annual reminders)
(for additional entries please attach a separate sheet containing the following information)

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

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

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

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

CONFIDENTIAL

**PLEASE NOTE THAT THIS INFORMATION IS REVIEWED
ONLY BY THE RABBI**

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

1. Have there been any conversions in your family? _____

2. Have there been any adoptions in your family? _____

3. Have there been any divorces in your family? _____

For Office

Board Approved _____

Dues Payment _____

SAP Issue _____

Directory Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) () _____

(business) () _____

(fax) () _____

(email) () _____

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

Phone (home) () _____

(business) () _____

(fax) () _____

(email) () _____

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