



Congregation

Kol Haverim

1079 Hebron Avenue, Glastonbury, CT 06033

(860) 633-3966 Fax: (860) 657-2799 www.kolhaverim.org

Membership Application

Please Print

Name(s) _____
(As you wish to appear in the Synagogue Directory)

Home Address _____ Home Phone: _____

City _____ State _____ Zip _____

Secondary Address _____ Home Phone: _____
(if applicable) _____

City _____ State _____ Zip _____

Marital Status: _____ Anniversary Date (if married) _____

Adult 1

Adult 2

English Name (with title)		
Hebrew Name (if applicable)		
Date of Birth		
Occupation		
Business Name and Phone Number		
E-Mail		
Mobile		
Religious Affiliation (circle one)	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Unaffiliated <input type="checkbox"/> _____	<input type="checkbox"/> Reform <input type="checkbox"/> Conservative <input type="checkbox"/> Orthodox <input type="checkbox"/> Reconstructionist <input type="checkbox"/> Unaffiliated <input type="checkbox"/> _____

Number of years in the Glastonbury Area _____ Came to Glastonbury Area from _____

Previous Synagogue affiliation (name and city) _____

How did you hear of Congregation Kol Haverim ___ internet ___ friends ___ advertisement ___ realtor

Children's Information

	Child 1	Child 2	Child 3	Child 4	Child 5
English Name					
Hebrew Name					
Date of Birth					
Sex					
Living at home?					

Emergency Contact Information

Name _____ Phone _____

Address _____

City/State/Zip _____

Yahrzeit Information (*Anniversary date of the death of a loved one*)

(Please include the following information for inclusion in the Bulletin Yahrzeit List)

	Yahrzeit 1	Yahrzeit 2	Yahrzeit 3	Yahrzeit 4	Yahrzeit 5
Name					
Relationship					
Date of Death					

I would like to observe yahrzeit dates according to the ___ Hebrew ___ English calendar.

Do you own a cemetery plot? _____ Location _____

We (I) hereby make application for membership in Congregation Kol Haverim and agree to abide by its Constitution, By-Laws and Regulations.

Subject to approval by the Board of Trustees, we (I) apply for a _____ membership.
(type of membership: family, single, retired, associate)

Applicant's Signature : _____ Date: _____

Please check box if you would like to discuss your financial commitment