



Skokie's Premier, Egalitarian, Conservative Synagogue

Kehillat Shalom Membership Application

Welcome! We are delighted to have you join Kehillat Shalom. We wish to satisfy your needs as best we can, and have much to offer. We wish to also involve you as much as possible in our congregational activities.

The information that you share with us remains absolutely confidential. With this information we will be in a better position to understand and to serve your needs.

I. MEMBER 1 (Please Print)

Last Name: _____

First Name: _____

Hebrew Name: _____

Mr./Mrs./Ms./Dr./Other

Date of Birth: _____

Home Address:

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell: (____) _____

Fax: (____) _____

Email address: _____

Wedding Anniversary: _____

Are you a Kohen Levi Israelite? (circle one)

Business Phone: (____) _____

Occupation: _____

Business Name: _____

Business Address:

Street: _____

City: _____ State: _____ Zip: _____

II. Member 2 (Please Print)

Last Name: _____
 First Name: _____
 Hebrew Name: _____
 Mr./Mrs./Ms./Dr./Other _____
 Date of Birth: _____
 Home Address:
 Street: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____
 Cell: (____) _____
 Fax: (____) _____
 Email address: _____
 Wedding Anniversary: _____
 Are you a Kohen Levi Israelite? (circle one)
 Business Phone: (____) _____
 Occupation: _____
 Business Name: _____
 Business Address:
 Street: _____
 City: _____ State: _____ Zip: _____

EMERGENCY CONTACT

Name: _____
 Telephone number: _____
 Relationship: _____

III. CHILDREN

1. Name: _____ M F
 Hebrew Name: _____ Date of Birth: _____
 School: _____

2. Name: _____ M F
 Hebrew Name: _____ Date of Birth: _____
 School: _____

3. English Name: _____ M F
 Hebrew Name: _____ Date of Birth: _____
 School: _____

4. English Name: _____ M F
 Hebrew Name: _____ Date of Birth: _____
 School: _____

IV. YAHRZEIT RECORDS

If there are yahrzeit dates observed in your family, please list them. We will remind our congregants of their yahrzeit dates via: (check one) letter or email

1. Name: _____
Relationship: _____ Hebrew Name: _____
Death: _____ Before or After Sundown: _____

2. Name: _____
Relationship: _____ Hebrew Name: _____
Death: _____ Before or After Sundown: _____

3. Name: _____
Relationship: _____ Hebrew Name: _____
Death: _____ Before or After Sundown: _____

4. Name: _____
Relationship: _____ Hebrew Name: _____
Death: _____ Before or After Sundown: _____

V. Your involvement in our congregational activities helps to build community. Below is a list of congregational areas of interest and activities. Please circle items of interest to you.

- | | | |
|---------------------|--------------------|------------------|
| Budget/Finance | Religious Services | Ways & Means |
| Education/Adult | Social Action | Youth Activities |
| Education/Child | Programs | Office Volunteer |
| Haftarah Reader | Publicity | Bikur Cholim |
| Hospitality/Kiddush | Torah Reader | |
| Membership | Ushering | |

VI. Do you have any skills (ritual, teaching, cooking, music) about which we should know and which you would be willing to share? _____

Prior Congregational Affiliation: _____

Does Family Own Cemetery Plot? Yes or No (circle one)

If Yes, where? _____

Thank you for your cooperation, and Baruch Haba

Welcome to Kehillat Shalom
Community Connection Congregation

FOR OFFICE USE ONLY :

MEMBERSHIP _____ TOTAL DUES _____