

# MEMBERSHIP APPLICATION

I / We hereby apply for membership in The Kemp Mill Synagogue.

**FULL MEMBERSHIP** - \$975 per calendar year + \$5000 building fund obligation payable over eight years (\$625 per year)

\_\_\_\_\_ Check Enclosed. \_\_\_\_\_ Bill Me.

Date: \_\_\_\_\_

Husband Full Name Printed: \_\_\_\_\_

Wife Full Name Printed: \_\_\_\_\_

or

Single Full Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-Mail: \_\_\_\_\_

Husband's Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Wife's Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Single Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

For office use only:

\_\_\_ Rabbi, Pres., Treas., Gabbai, file

\_\_\_ File

\_\_\_ Rak

\_\_\_ BF

Received \_\_\_\_\_

Please attach a photograph.

**FAMILY INFORMATION**

Husband's Full Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_ }b \_\_\_\_\_

Wife's Full Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_ tb \_\_\_\_\_

Single's Full Name: \_\_\_\_\_ Hebrew: \_\_\_\_\_ }b/tb \_\_\_\_\_

Special Interests: \_\_\_\_\_

Please Check: \_\_\_ Kohen \_\_\_ Levi \_\_\_ Yisrael

Husband's: English Hebrew

Father's Name: \_\_\_\_\_ }b \_\_\_\_\_

Mother's Name: \_\_\_\_\_ tb \_\_\_\_\_

Wife's: English Hebrew

Father's Name: \_\_\_\_\_ }b \_\_\_\_\_

Mother's Name: \_\_\_\_\_ tb \_\_\_\_\_

Single's: English Hebrew

Father's Name: \_\_\_\_\_ }b \_\_\_\_\_

Mother's Name: \_\_\_\_\_ tb \_\_\_\_\_

**CHILDREN**

English Name: \_\_\_\_\_ English Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

English Date of Birth: \_\_\_\_\_ English Date of Birth: \_\_\_\_\_

Hebrew Date of Birth: \_\_\_\_\_ Hebrew Date of Birth: \_\_\_\_\_

M( ) F( ) School: \_\_\_\_\_ M( ) F( ) School: \_\_\_\_\_

English Name: \_\_\_\_\_ English Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

English Date of Birth: \_\_\_\_\_ English Date of Birth: \_\_\_\_\_

Hebrew Date of Birth: \_\_\_\_\_ Hebrew Date of Birth: \_\_\_\_\_

M( ) F( ) School: \_\_\_\_\_ M( ) F( ) School: \_\_\_\_\_

English Name: \_\_\_\_\_ English Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

English Date of Birth: \_\_\_\_\_ English Date of Birth: \_\_\_\_\_

Hebrew Date of Birth: \_\_\_\_\_ Hebrew Date of Birth: \_\_\_\_\_

M( ) F( ) School: \_\_\_\_\_ M( ) F( ) School: \_\_\_\_\_

**Please Indicate All Yahrzeits Observed:**

1. Name & relationship (Hebrew): \_\_\_\_\_

Date of Yahrzeit -- Hebrew: \_\_\_\_\_ ; English: \_\_\_\_\_

2. Name & relationship (Hebrew): \_\_\_\_\_

Date of Yahrzeit -- Hebrew: \_\_\_\_\_ ; English: \_\_\_\_\_

3. Name & relationship (Hebrew): \_\_\_\_\_

Date of Yahrzeit -- Hebrew: \_\_\_\_\_ ; English: \_\_\_\_\_

4. Name & relationship (Hebrew): \_\_\_\_\_

Date of Yahrzeit -- Hebrew: \_\_\_\_\_ ; English: \_\_\_\_\_

**CONFIDENTIAL MEMBER INFORMATION**

1. Are you currently married? \_\_\_\_\_  
Husband's/Wife's Names: \_\_\_\_\_  
Name of Rabbi who officiated: \_\_\_\_\_  
Place of marriage: \_\_\_\_\_  
Date of marriage: \_\_\_\_\_

- |                                                            | <u>Husband</u> | <u>Wife</u> |
|------------------------------------------------------------|----------------|-------------|
| 2. Were you ever married before current marriage?          | _____          | _____       |
| 3. Did any previous marriage end in divorce?               | _____          | _____       |
| 4. Are any of your children from a previous marriage?      | _____          | _____       |
| 5. Were you adopted?                                       | _____          | _____       |
| 6. Are any of your children adopted?                       | _____          | _____       |
| 7. Did you convert to Judaism?                             | _____          | _____       |
| 8. To the best of your knowledge:                          | _____          | _____       |
| -Were your parents born to a Jewish mother?                | _____          | _____       |
| -Were either of your parents converted to Judaism?         | _____          | _____       |
| -Were either of your parents divorced prior to your birth? | _____          | _____       |
| 9. Please list all Synagogue affiliations to date: _____   |                |             |
| _____                                                      |                |             |
| _____                                                      |                |             |

\_\_\_\_\_ I would like a personal interview with the Rabbi in lieu of completing this form.

Please use the back of this page for additional comments or information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_