



HISTORIC CONGREGATION KESHER ISRAEL

412 Lombard Street Philadelphia PA 19147

215-922-1776 Fax: 215-922-1948

<input type="checkbox"/> Family Membership \$950.00	<input type="checkbox"/> Single Membership \$475.00	<input type="checkbox"/> Additional Donation: _____
Name:	Partner's Name:	
Occupation :	Occupation :	
Address:	Address:	
City/ State/ Zip Code:	City / State/ Zip Code:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Cell Phone:	Cell Phone:	
Email:	Email:	

Children 21 or Under	
Name:	DOB:
Name:	DOB:
Name:	DOB:

Membership Application 5780

Simcha Information
Birthdays:
Anniversaries:

FAMILY YAHRZEITS (if not on file already)

We will notify you of your Yahrzeits and the Rabbi will announce the name from the pulpit the Shabbat prior to the Yahrzeit. The cost is \$18/per person

Name of Person:	Relationship:	Hebrew Name:	Date and Time of Death:

LITURGICAL SKILLS: Please check if you would like to offer help in any of following areas.

LEAD SERVICES
 CHANT HAFTORAH
 SOUND THE SHOFAR
 READ TORAH

OFFICE USE ONLY:	
CHECK/ CASH AMOUNT \$ _____	CHECK # _____ DATE DEPOSITED _____
TICKET # _____	ADDITIONAL NOTES _____