

Membership Application



Congregation Kesser Israel
P.O. Box 80811 Portland, OR 97280
www.kesserisrael.org
kesserisrael@gmail.com

THANK YOU for your support of Congregation Kesser Israel and your interest in membership! We value your participation and membership in our community. Kesser Israel is a **full-service** Orthodox Synagogue for All Jews. Every day, every week, and every month Kesser offers services and programs that are vital to Jewish life and to our community. Our goal is to help you make a personal and meaningful connection to Judaism and the Jewish people.

Your involvement in the congregation is so important – all of us at Congregation Kesser Israel enrich one another with our shared connection. By becoming a member of Kesser Israel, you are becoming a partner in all of the vital work that Kesser does for our local Jewish community. We thank you for your partnership and support.

If there is any way that we can be of support to you and your family, please do not hesitate to reach out to us by phone or by email.

503-222-1239
rabbibrodkin@gmail.com
jodi@kesserisrael.org

Membership Application



Page 1: Member Information

Page 2: Family Information

Page 3: Membership Type and Payment Information

Member Information (Adult 1)		Application Date:
Title:	First Name:	Last Name:
Hebrew Name:	Date of Birth (English):	Date of Birth (Hebrew):
Home Address:		List in Directory ___Y ___N
City:	State:	Zip:
Email Address:	List in Directory ___Y ___N	Home Phone: Cell Phone: List in Directory ___Y ___N
E-Mail Address:	List in Directory ___Y ___N	
I am: ___Kohen ___Levi ___Israel ___Convert (Please attach Beit Din information)	If Married, Anniversary Date:	
Father's Hebrew Name:	_____ ben _____	
Yahrzeit Date if Applicable (Hebrew date preferred):	_____	
Mother's Hebrew Name:	_____ bat _____	
Yahrzeit Date if Applicable (Hebrew date preferred):	_____	
Member Information (Adult 2, if applicable)		
Title:	First Name:	Last Name:
Hebrew Name:	Date of Birth (English):	Hebrew Birthday:
Email Address:	List in Directory ___Y ___N	Home Phone: Cell Phone: List in Directory ___Y ___N
E-Mail Address:	_____	
I am: ___Kohen ___Levi ___Israel ___Convert (please attach officiating Rabbi/Beit Din info)		
Father's Hebrew Name:	_____ ben _____	
Yahrzeit Date if Applicable (Hebrew date preferred):	_____	
Mother's Hebrew Name:	_____ bat _____	
Yahrzeit Date if Applicable (Hebrew date preferred):	_____	

Membership Application



Membership and Payment Information

Please select the type of membership you would like for the 2016/5776 year.
In addition to the membership fees, there is a \$100 Building Fund Assessment of \$100 per year
Members of another congregation who would like to support Kesser Israel may do so as a "Friend of Kesser".

Your Selection	Membership Type	Dues	Term	Bldg Fund
	Family	\$ 1,260.00	Annual	\$ 100.00
	Single/Single Parent/Seniors	\$ 945.00	Annual	\$ 100.00
	Temporary Resident (under 1 yr)	\$ 100.00	Monthly	\$ 100.00
	Student (Enrolled in University)	\$ 25.00	Monthly	\$ 100.00
	Friend of Kesser (member of another congregation)	\$ 360.00	Annual	\$ 100.00
	Please accept my additional pledge of \$54, \$180, \$360, Other_____			
		Total	\$	

Payment Options

Congregation Kesser Israel welcomes all members regardless of financial circumstances. If you would like to become a member of the congregation but are in need of **dues adjustments**, you may contact either our treasurer, Aki Fleshler at treasurer@kesserisrael.org or Rabbi Brodtkin at rabbibrodtkin@gmail.com to make arrangements for adjusted dues.

- I will pay annually
- I will pay quarterly
- I will pay monthly

- Please find a check enclosed
- I will Pay by Credit/Debit Card at www.kesserisrael.org/donate

Applicant Signature: _____

Please submit form via mail to the address below or email to: kesserisrael@gmail.com

Membership
Congregation Kesser Israel
PO Box 80811
Portland, OR 97280