

Membership Application



CONGREGATION
KESSER ISRAEL
The Orthodox Synagogue for All Jews

Page 1: Member Information

Page 2: Family Information

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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:
Home Phone:	List in Directory ___Y ___N	Cell Phone: List in Directory ___Y ___N
E-Mail Address:		List in Directory ___Y ___N
I am: ___Kohen ___Levi ___Israel ___Convert		If Married, Anniversary Date:
If Convert, Name of Converting Rabbi or Beit Din:		
Member 1 - Parent's Jewish Background		
Father's Hebrew Name: ben		If Father is Jewish, Father's Hebrew Background ___Cohen ___Levi ___Israel ___Convert
Mother's Hebrew Name: bat		If Mother is Jewish, Mother's Hebrew Background ___Cohen ___Levi ___Israel ___Convert
If Convert, Name of Converting Rabbi or Beit Din:		
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		
If Convert, Name of Converting Rabbi or Beit Din:		
Member 2 - Parent's Jewish Background		
Father's Hebrew Name: ben		If Father is Jewish, Father's Hebrew Background ___Cohen ___Levi ___Israel ___Convert
Mother's Hebrew Name: bat		If Mother is Jewish, Mother's Hebrew Background ___Cohen ___Levi ___Israel ___Convert
If Convert, Name of Converting Rabbi or Beit Din:		

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Membership and Payment Information

Please indicate your membership level below.

In addition to the membership fees, there is a Building Fund Assessment fee 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
	Family	\$ 1,360.00	Annual
	Single/Single Parent/Seniors	\$ 1,045.00	Annual
	Temporary Resident (under 1 yr)	\$ 100.00	Monthly
	Student (Enrolled in University)	\$ 25.00	Monthly
	Friend of Kesser (member of another congregation, and would like to support Kesser Israel)	\$ 500.00	Annual
	Please accept my additional pledge of \$54, \$180, \$360, Other_____		
		Total	\$

Payment

Payment is due upon being approved for membership. Payment plans and dues adjustments may be arranged. Please contact our Treasurer, Jules Stiber (treasurer@kesserisrael.org) or Rabbi Brodtkin (rabbibrodtkin@gmail.com) to discuss payment options.

() Please find my check enclosed

() I will pay by credit/debit Card at www.kesserisrael.org/donate (please add 3% service charge)

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