

# CONGREGATION KEHILLAH

# Membership Application

2015 – 2016 / 5775 - 5776

We welcome you to Kehillah! Please assist us by filling out this form completely, allowing us to integrate your information into our records and to learn a bit more about you and your family.

Name - Adult #1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name - Adult #2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew names - #1 \_\_\_\_\_ #2 \_\_\_\_\_  
None\_\_\_\_\_/Unknown\_\_\_\_\_ None\_\_\_\_\_/Unknown\_\_\_\_\_

Fathers Hebrew name - #1 \_\_\_\_\_ #2 \_\_\_\_\_  
None\_\_\_\_\_/Unknown\_\_\_\_\_ None\_\_\_\_\_/Unknown\_\_\_\_\_

Mothers Hebrew name - #1 \_\_\_\_\_ #2 \_\_\_\_\_  
None\_\_\_\_\_/Unknown\_\_\_\_\_ None\_\_\_\_\_/Unknown\_\_\_\_\_

Anniversary date \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Email address #1 \_\_\_\_\_ #2 \_\_\_\_\_

Occupation #1 \_\_\_\_\_ #2 \_\_\_\_\_

Names and birthdates of children, even if they are adults. If you have a child in college, please give us his/her address:  
If you need additional room please attach another sheet of paper.

1. \_\_\_\_\_ Male\_\_\_ or Female\_\_\_ DOB \_\_\_\_\_ Living with parents \_\_\_\_\_

Child #1 Hebrew name \_\_\_\_\_

2. \_\_\_\_\_ Male\_\_\_ or Female\_\_\_ DOB \_\_\_\_\_ Living with parents \_\_\_\_\_

Child #2 Hebrew name \_\_\_\_\_

3. \_\_\_\_\_ Male\_\_\_ or Female\_\_\_ DOB \_\_\_\_\_ Living with parents \_\_\_\_\_

Child #3 Hebrew name \_\_\_\_\_

Place an "X" next to any area of interest.

<b>Adult #1</b>	<b>Adult #2</b>	
_____	_____	I/We can read / chant Torah?
_____	_____	I/We can read / chant Haftarah?
_____	_____	I/We can read Hebrew?

I/We would be interested in learning about and/or possibly joining the following:

<b>Adult #1</b>	<b>Adult #2</b>	<b>COMMITTEES / ACTIVITIES</b>	<b>Adult #1</b>	<b>Adult #2</b>	<b>SKILLS / TALENTS/INTERESTS</b>
_____	_____	Education and Programming	_____	_____	Accounting
_____	_____	Hospitality	_____	_____	Computer/Technology
_____	_____	Caring	_____	_____	Grant Writing
_____	_____	Finance	_____	_____	Investing
_____	_____	Membership	_____	_____	Legal
_____	_____	Ritual	_____	_____	Marketing/PR
_____	_____	Social Action	_____	_____	Music
_____	_____	High Holy Days	_____	_____	Photography
_____	_____	Choir	_____	_____	Web Design
					Social Networking

Are there any other support skills or services you would be interested in giving or sharing?

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I/We would be interested in / Please tell me more about:

<b>Adult #1</b>	<b>Adult #2</b>	<b>LEARNING</b>
_____	_____	Shabbat morning Torah study (Torah Talk)
_____	_____	Holiday preparation workshops
_____	_____	Religious school/Youth education
_____	_____	Tefillah (prayer) classes
_____	_____	Hebrew classes
_____	_____	Jewish History classes
_____	_____	Learn to read/chant Torah
_____	_____	Adult Bar/Bat Mitzvah
_____	_____	Other _____

<b>Adult #1</b>	<b>Adult #2</b>	<b>SOCIAL ACTION</b>
_____	_____	Coordinate social justice projects/events
_____	_____	Participate in social justice projects/events
_____	_____	Organize events/programs about Israel

<b>Adult #1</b>	<b>Adult #2</b>	<b>KEHILLAH COMMUNITY</b>
_____	_____	Volunteer at Kabbalat Shabbat
_____	_____	Help out in the office
_____	_____	Plan/Co-chair events and holidays
_____	_____	Volunteer at holidays/events
_____	_____	Serve in a leadership capacity
_____	_____	Help make a Minyan during a Shiva period

**Deceased Loved Ones for our Yahrzeit Records**

Name of Deceased · Relationship · English Date of Death, month/day/year (before/after sundown)

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***Please return this form with your dues payment. Thank you!!***

We are very happy that you've chosen to join us! **If you are willing, please tell us:**

How did you hear about Congregation Kehillah?

Why have you chosen Congregation Kehillah?

Is there something you are seeking with Kehillah that you were unable to find elsewhere?

Is there anything else that you would like us to know about you?

Congregation Kehillah  
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