

CONGREGATION KEHILLAH Membership Application

2018 – 2019 / 5778 – 5779

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.

Adult #1	Adult #2	
_____	_____	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:

Adult #1	Adult #2	COMMITTEES / ACTIVITIES	Adult #1	Adult #2	SKILLS / TALENTS/INTERESTS
_____	_____	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?

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

Adult #1	Adult #2	LEARNING
_____	_____	Shabbat morning Torah study (Torah Talk)
_____	_____	Holiday preparation workshops
_____	_____	YEP! (Youth Education Program)
_____	_____	Learn to read/chant Torah
_____	_____	Adult Bar/Bat Mitzvah
_____	_____	Other classes/topics _____

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

Adult #1	Adult #2	KEHILLAH COMMUNITY
_____	_____	Volunteer at Kabbalat Shabbat
_____	_____	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)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ **Please contact me/us to discuss ordering Memorial Plaques for my/our loved ones.**

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?

MAILING ADDRESS:

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PHYSICAL LOCATION:

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