

Membership Application 5785 (2024-2025)

HISTORIC CONGREGATION KESHER ISRAEL
412 Lombard Street • Philadelphia, PA 19147
215-922-1776 Website: www.HistoricKesherIsrael.org

<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:
Cell Phone:		Cell Phone:
Home Phone:		Home Phone:
Work Phone:		Work Phone:
Email:		Email:

Please indicate:

___ Live High Holidays Services ___ Tickets to be mailed

Please call 215-922-1776 if you have any questions.

**PLEASE ENCLOSE CHECK
FOR MEMBERSHIP FEE.**

OVER

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

Simcha Information
Birthdays:
Anniversary:

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 _____