



Congregation Kesser Israel
The Orthodox Synagogue for All Jews
PO Box 80811 • Portland, Oregon 97280

MEMBERSHIP APPLICATION

Name(s): _____ Date _____

Address: _____

Phone(s): home: _____ work: _____ email: _____
Phones you want listed in the directory _____
emails you want listed in the directory _____

I wish to join Kesser Israel as
 Family \$1200 (annual*) Temporary Resident \$100 monthly
 Single/Single Parent/Seniors \$900 (annual*) Student \$25 monthly
Subtotal: \$ _____

I would like to pay monthly quarterly.
***A one-time Building Fund Assessment equal to one year's dues is payable over 5 years.**

I/we are members of another area congregation but would like to support
Kesser Israel as a:
 Friend of Kesser Israel \$300 Subtotal: \$ _____
Subtotal: \$ _____

I/We would like to make an additional pledge:
 \$720 \$540 \$360 \$180 Other \$ _____
Subtotal \$ _____
Total Enclosed: \$ _____

Check enclosed.
 Please charge my credit card:
 Disc Visa MC Account # _____
Exp. Date _____ / _____

Signature _____
You may also pay using PayPal or Google checkout. Go to www.kesserisrael.org and select donations.

Please mail to:

Membership Chairperson
Congregation Kesser Israel
PO Box 80811
Portland, Or 97280

Dues adjustments may be arranged. Please contact Sura Rubenstein (treasurer@kesserisrael.org) or Harry Glauber (harryg123@comcast.net). For quarterly or monthly payment arrangements, please contact the treasurer. Otherwise, payment is due in full.
You Must Complete Both Pages.

Kesser Israel Family Information Data Form

Member:

Last name (English) _____ First Name _____

Hebrew Name _____ Hebrew Birthday _____

___ Kohen ___ Levi ___ Israel ___ Convert (Name of Beit Din or Rabbis officiating _____.)

Secular Birthday and Anniversary _____

What was your bar/bat mitzvah Shabbat (Parsha)? _____

Father's Hebrew Name _____ ben (father's name) _____

Yarzeit Date (if observed Hebrew date preferred.) _____

Mother's Hebrew Name _____ bat (father's name) _____

Yarzeit Date (if observed) Hebrew date preferred _____

Spouse:

Last name (English) _____ First Name _____

Hebrew Name _____ Hebrew Birthday _____

___ Kohen ___ Levi ___ Israel ___ Convert (Name of Beit Din or Rabbis officiating _____.)

Secular Birthday and Anniversary _____

What was your bar/bat mitzvah Shabbat (Parsha)? _____

Father's Hebrew Name _____ ben (father's name) _____

Yarzeit Date (if observed Hebrew date preferred.) _____

Mother's Hebrew Name _____ bat (father's name) _____

Yarzeit Date (if observed) Hebrew date preferred _____

Children:

Name (English) _____ (Hebrew) _____ DOB (Hebrew) _____

Name (English) _____ (Hebrew) _____ DOB (Hebrew) _____

Name (English) _____ (Hebrew) _____ DOB (Hebrew) _____

Name (English) _____ (Hebrew) _____ DOB (Hebrew) _____

Name (English) _____ (Hebrew) _____ DOB (Hebrew) _____

Name (English) _____ (Hebrew) _____ DOB (Hebrew) _____

Name (English) _____ (Hebrew) _____ DOB (Hebrew) _____

Name (English) _____ (Hebrew) _____ DOB (Hebrew) _____

Add an additional sheet as needed for children.