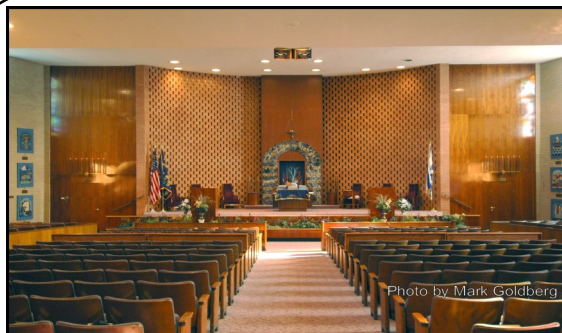


בְּרַחֲמֵי הַשָּׁמַיִם



Congregation Kneseth Israel

1125 Spa Road Annapolis, MD 21403

Rabbi Moshe P. Weisblum PhD

Office 410-263-3924x2 Phone 410-404-6077 rabbimpw@gmail.com

Membership Application

Your Name: _____ Date of Birth: _____

Hebrew Name (in English) _____ Mother's Hebrew name: _____

(please circle one) Israel Levi Cohan

Spouse's Name: _____ Date of Birth: _____

Hebrew Name (in English) _____ Mother's Hebrew name: _____

Address _____

Children (for additional children, please use a blank sheet)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Understanding of Membership

It is understood by me (us) that this membership shall continue automatically from year to year with annual dues as set down by the Board of Governors due in advance. Membership is terminated only by written resignation that becomes effective as of the date it is received. Dues still owing are prorated to that date.

Signed _____ Date _____

Dues can be paid in installments.

Dues (prorate from January 1)

\$ _____

Home Telephone _____ Business Telephone _____ Cell Phone _____ email address _____

For more information please call the office 410-263-3724-x 0 email congkiannap@aol.com