



CONGREGATION KNESETH ISRAEL
1125 SPA ROAD
ANNAPOLIS, MD. 21403
Phone: (410) 263-3924
congknesethisrael@gmail.com

Rabbi/Hazzan David B. Sislen

Jonathan D. Goldsmith, President

Membership Application

Name: _____ DOB: _____

Hebrew Name (Transliterated): _____

Father's Hebrew Name: _____

Please choose one: Cohen Levi Israel

Mother's Hebrew Name: _____

Preferred Email: _____

Phone Numbers: Cell: _____ Home: _____ Business: _____

Occupation: _____

Spouse's Name: _____ DOB: _____

Hebrew Name (Transliterated): _____

Father's Hebrew Name: _____

Please choose one: Cohen Levi Israel

Mother's Hebrew Name: _____

Preferred Email: _____

Phone Numbers: Cell: _____ Home: _____ Business: _____

Occupation: _____

Address: _____

Children:

Name: _____ DOB: _____

Understanding of Membership

Membership is terminated only by written resignation that becomes effective the date it is received. Dues still owing are prorated to that date.

Signed: _____ Date: _____

Dues (prorate from January 1): \$ _____

Please enclose a check payable to:

Congregation Kneseth Israel Synagogue
1125 Spa Road
Annapolis, MD. 21403

You may prefer “pay now” on our website and electronically mail your application to:
CongKnesethIsrael@gmail.com.

If you have additional questions, please contact the office at (410) 263-3924. Thank you for your interest and support.