



CONGREGATION KNESETH ISRAEL

1125 SPA ROAD

ANNAPOLIS, MD 21403

PHONE: (410) 263-3924

Office@knesethisrael.org

Rabbi Joshua Shorr

Jonathan D. Goldsmith, President

Membership Application

Name: _____ DOB: _____

Hebrew Name (Transliteration): _____

Father's Hebrew Name: _____

Please choose one: Cohen Levi Israel

Mother's Hebrew Name: _____

Preferred Email: _____

Phone Numbers: (C): _____ (H): _____ Business: _____

Occupation: _____

Spouse's Name: _____ DOB: _____

Hebrew Name (Transliteration): _____

Father's Hebrew Name: _____

Please choose one: Cohen Levi Israel

Mother's Hebrew Name: _____

Preferred Email: _____

Phone Numbers: (C): _____ (H): _____ Business: _____

Occupation: _____

Address: _____

Children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Yahrzeit Information

Name and Hebrew Name	Relationship	Date of Death

Understanding of Membership

Membership is terminated only by written resignation that becomes effective the date it is received. Dues still owed 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:
office@knesethisrael.org

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