KESHER ZION SYNAGOGUE MEMBERSHIP APPLICATION



We look forward to welcoming you into the Kesher Zion family

Kesher Zion Synagogue 555 Warwick Drive Wyomissing, PA 19610 610.374.1763 <u>KESHERZIONOFFICE@GMAIL.COM</u> <u>WWW.KESHERZION.ORG</u> Membership Application Kesher Zion Synagogue 555 Warwick Drive Wyomissing, PA 19610

Name(s)	_ (adult 1)	Date
	_ (adult 2)	
Mailing Address:		
Alt Address for winter/summer		
When do you reside at alternate address?		
If married, date of marriage:		

	ADULT 1	ADULT 2
TITLE		
FULL NAME		
DATE OF BIRTH		
HOME PHONE		
CELL PHONE		
EMAIL ADDRESS		
HEBREW NAME (IN HEBREW)		
HEBREW NAME (IN ENGLISH)		
KOHANE/LEVI/YISRAEL		

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
ENGLISH NAME				
HEBREW NAME				
GENDER				
DOB				
		-		

Please feel free to add any additional children/family members as needed.

Would you like to add a deceased loved one to our Yahrzeit records?

Name of Deceased	Relationship	Date of Death

Dues Policy/Structure

Dues are on a graduated scale based upon the individual's/family's gross income. In case of hardship, adjustments can be arranged by contacting the Dues Committee Chair

	Income Ranges	Dues Levels Payment
Category I	Up to \$50,000	\$500
Category II	\$50,001-\$100,000	\$1,400
Category III	\$100,001 and over	\$2,000

*The synagogue financial year extends from August 1, through July 31.

Revised 1/9/2023