

WELCOME



*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
Office: 610.374.1763
Email: kzsecretary@entermail.net
Website: www.kesherzion.org***

Membership Application

Kesher Zion Synagogue

555 Warwick Drive, Wyomissing, PA 19610

Name/s: _____ **Date** _____
(As you would like to be listed on our membership/mailling lists) Adult 1

Adult 2

Mailing Address: _____

Mailing Address 2: _____
(Use this space to give an alternate winter or summer address)

When do you reside at Address 2? _____

If married, date of marriage: _____
Month / Day / Year

Previous affiliation: _____
Congregation City, state

Please Print	Adult 1	Adult 2
Title		
Full Name		
Preferred Name		
Date of Birth (Month/Day/Year)		
Home Phone Number		
Occupation		
Place of Employment (Name & Address)		
Business Phone Number		
Fax Number		
Email Address		
Hebrew Name (In Hebrew)		
Hebrew Name (In English)		
	Kohane _____ Levi _____ Yisrael _____	Kohane _____ Levi _____ Yisrael _____
Religious Education	<input type="checkbox"/> Jewish Day School <input type="checkbox"/> Other _____ <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation	<input type="checkbox"/> Jewish Day School <input type="checkbox"/> Other _____ <input type="checkbox"/> Bar/Bat Mitzvah <input type="checkbox"/> Confirmation
Religious Background	<input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Other	<input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Orthodox <input type="checkbox"/> Other

Keshar Zion Synagogue Children

Last Name(s): _____

Number of Children in Family: _____

Number of School-aged Children: _____

Complete for each child:

English Name	Hebrew Name	M	F	Date of Birth	School	Grade in Religious School	Grade in Public School	Graduated (Y/N)

College Students:

English Name	Hebrew Name	M	F	Date of Birth	Name of College / University	Address at College / University

Jewish Background

Please allow us to get to know you by completing the information concerning your Jewish background and various interests. Check the boxes that apply to you or your spouse. This information will permit us to increase participation and to direct our programs. Thank you.

	Adult 1	Adult 2
minimal Jewish background		
conversion		
bar/bat mitzvah		
post-bar/bat mitzvah studies		
Jewish camp		
youth group		
college Jewish studies		
lived in Israel		
little Hebrew		
rote Hebrew reading		
Hebrew fluency		
Yiddish		
not Jewish		

Please feel free to describe your Jewish background in more detail:

Interests

What aspects of synagogue life interest you?

	Adult 1	Adult 2
adult Jewish learning		
children's Jewish education		
comforting the bereaved		
family activities		
havurot (fellowship groups)		
Israel-oriented activities		
Jewish music & art		
Jewish singles		
minyan		

	Adult 1	Adult 2
organization/committees		
hospitality		
retreats/outdoor activities		
social action/protest		
social activities		
visiting the sick		
Shabbat services		
youth activities		
other (please write)		

What are your skills, interests and talents? Please check:

	Adult 1	Adult 2
child care		
writing/editing		
photography		
music and arts		
public relations		
storytelling		
acting/directing		
arts and crafts		
fixer-upper		
landscaping		
interior design		
cooking/baking		
organizing programs		
motivating volunteers		
facilitating groups		
office skills		
fund raising		
finance/budgeting		
computer applications		
long-range planning		
blowing shofar		
chanting Torah		
chanting Haftorah		
leading services		
Hebrew instruction		
Judaica instruction		
Judaica programming		
Judaica librarianship		
Yiddish instruction		
other (please write)		

Please check any of the following that you would like to know more about:

	Adult 1	Adult 2
Hebrew		
davening/prayer skills		
home ritual skills		
Jewish festivals/life cycle		
bible and midrash		
Jewish history		
Jewish thought/ethics		
talmud/Jewish law		
Jewish mysticism		
Jewish literature		
Israel and world Jewry		
Shabbat services		
Jewish cooking		
other (please write)		

Deceased loved ones for our Yahrzeit records

(We will notify you in advance of the Yahrzeits)

Name of Deceased

Relationship

Date of Death

(month/day/year, before/after sundown)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own a cemetery plot? Yes _____ No _____

If yes, where is it located? _____

If no, are you interested in information concerning the cemetery that Keshar Zion Synagogue maintains for members?

Yes _____ No _____

Please finish this application by telling us your major reasons and the influences that have resulted in your affiliation with Keshar Zion:

Morris Hassel Religious School

Kesher Zion Synagogue offers religious education for children kindergarten through seventh grade. Students can learn at Reform Congregation Oheb Sholom on Sunday mornings from 9:30AM to 11:30AM. Individual Hebrew instruction is also available during the week, by appointment only. Contact RCOS at 610-375-6034 for tuition fees and more information. Alternatively, students can meet in small groups with the Rabbi. Students are required to attend worship services with a family member 4 times per school year.

Dues Policy

Each member of our congregation supports the activities of our synagogue in accordance with his/her ability to pay. Dues are on a graduated scale based upon the individual's or family's gross income.

The philosophy of Kesher Zion is to welcome all Jews as members of our synagogue, regardless of their ability to pay dues. **In case of unusual hardship, adjustments can be arranged by contacting the Dues Committee Chair through the synagogue office.**

Keshar Zion Dues Structure

Please circle your dues selection below that you have chosen as your **appropriate level of commitment to Keshar Zion.**

	<u>Income Ranges</u>	<u>Dues Levels</u> <u>Payment</u>	<u>Min. Monthly</u> <u>Payment</u>
Category I	Up to \$60,000	\$500	\$50.00
Category II	\$60,001- \$100,000	\$1,400	\$140.00
Category III	\$100,001 - UP	\$2,000	\$200.00

Members in the top category who have incomes in excess of \$100,000 per year are encouraged to consider increasing their contribution on a voluntary basis to 2% of income per year. Members in all three categories are encouraged to pay more than the stated amounts if they are willing and able to do so. We expect that if every member pays their fair share, the synagogue will remain fiscally sound. If we are fortunate enough to bring in additional funds, we will use these funds to enhance the synagogue experience for our members.

Final Notes

- Membership becomes final by vote of the Synagogue Board of Directors. New members will be notified in writing following the vote of the Board.
- The synagogue financial year extends from August 1 to July 31. All charges are due upon receipt (Hebrew School Tuition, Bar/Bat Mitzvah, Seats, Pledges, Cemetery, etc.). Dues may be paid 10% each month from October through July. Bills are due and payable by July 31.
- **The Synagogue asks prospective new members to please enclose the first installment of dues, representing at least the required minimum monthly dues payment (see above) when they submit their application to join.**

Enclosed is my/our check in the sum of \$_____ in payment of our dues for Category _____, which will total _____ annually. We understand that there is an additional cost for each Hebrew School student enrolled. We also realize that next year we will begin our commitment to the building fund.

Signature _____ Signature _____