

Kempsville Conservative Synagogue - Kehillat Bet Hamidrash

c/o Membership Chair

952 Indian Lakes Boulevard

Virginia Beach, VA 23464-5655

(757) 495-8510

www.kbhsynagogue.org

Application for Membership

Date: _____

Male

Female

LAST NAME		
FIRST NAME		
MIDDLE NAME		
ARE YOU JEWISH BY BIRTH OR CONVERSION		
HEBREW NAME	Ben Cohen Levi Yisrael	Bat Cohen Levi Yisrael
BIRTHDATE		
ADDRESS		
CITY		
STATE ZIP		
E-MAIL ADDRESS		
HOME PHONE		
WORK PHONE		
FATHER'S NAME		
FATHER'S HEBREW NAME		
MOTHER'S NAME		
MOTHER'S HEBREW NAME		
MARITAL STATUS	S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/>	S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/>
PREVIOUS CONGREGATION AND LOCATION		
PREVIOUS AFFLIATION	Cons <input type="checkbox"/> Ortho <input type="checkbox"/> Reform <input type="checkbox"/>	Cons <input type="checkbox"/> Ortho <input type="checkbox"/> Reform <input type="checkbox"/>

*****Please note:** Ritual participation is based upon Jewish birth or conversion.

Dependant Children

English Name	Hebrew Name	Date of Birth

Yahrzeits

English Name	Relationship	Secular Date of Death (note before or after sunset)

Member Jewish Education and Affiliations

(Please include dates of occurrence)

Male

Female

Sunday School	
Hebrew School	
Advanced Jewish Studies	
Jewish Camping	
Youth Groups	
Hillel	
Able to read Hebrew	
Able to speak Hebrew	
Able to teach Hebrew	

I/We plan to enroll ___child(ren) in Sunday School:

Name of Child	Date of Birth	School grade

I/We plan to enroll ___child(ren) in United Hebrew School:

Name of Child	Date of Birth	School grade

*******Please note:** Our synagogue, and the local Conservative synagogues, require four years of United Hebrew School, Hebrew Academy, or equivalent, for a Shabbat Bar or Bat Mitzvah celebration.

Synagogue Activities

Members of our synagogue serve in various volunteer roles to assist in our fund raising and organizational activities.

1. We encourage participation in weekly services. Are you or any of your children able to:

- Chant from the torah?
- Chant the Haftorah
- Lead a portion of the services? Which portion? _____

2. Please indicate the committee(s) on which you would like to serve:

- | | |
|--|---|
| <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Ways and Means |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Ritual |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Adult and Family Programs | <input type="checkbox"/> Chevra Kadisha |
| <input type="checkbox"/> Men's Club | <input type="checkbox"/> Sisterhood |

Membership becomes effective upon receipt of this application with a minimum of the 25% of required dues and approval by the board of directors.

I/We hereby apply for membership in Kempsville Conservative Synagogue, Kehillat Bet Hamidrash, as a sustaining, family, family senior (65+), newlyweds, single adult, single parent, single senior (65+), associate, or under 30. I/We acknowledge annual dues of \$ _____, and building fund assessment of \$ _____ per year.

Upon Election to membership, I/We agree to pay my/our financial obligation (includes dues, Sunday School, and/or United Hebrew school if applicable) according to the following schedule:

- Annually (Due July 1) Semi-Annually (50% July 1 and Jan 1)
 Quarterly or Monthly per prearrangements with the Financial Secretary

I/We understand that dues in arrears beyond 30 days may result in suspension of membership privileges, including attendance at Sunday School and United Hebrew School; but that such suspension will not relieve me/us of the remainder of any financial obligations to the synagogue.

Signatures:

(m) _____ Date _____

(f) _____ Date _____