

Kehillat Bet Hamidrash/Kempsville Conservative Synagogue -

c/o Membership Chair

5000 Corporate Woods Dr. Suite 200

Virginia Beach, VA 23464-5655

(757) 495-8510

kbhsynagogue@gmail.com

www.kbhsynagogue.org

Date of Application for Membership _____

Fillable form | Click on field to complete

Member 1

Member 2

LAST NAME			
FIRST NAME			
MIDDLE NAME			
HEBREW NAME	___ Ben/Bat ___ Levi ___ Cohen ___ Yisrael	___ Ben/Bat ___ Levi ___ Cohen ___ 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"/>	

We warmly welcome non-Jewish partners and encourage everyone to participate in the activities of the synagogue. In keeping with the practices of the Conservative movement, certain religious practices are open only to our Jewish members (i.e., being called to the Torah, leading Hebrew prayers, and being counted in the minyan.)

Dependent 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)

Member 1

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

Member 2

Children's Jewish Education

Name of Child	School	Dates attended	Currently enrolled?

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 Kehillat Bet Hamidrash/Kempsville Conservative Synagogue. I/We acknowledge annual dues of \$_____.

Upon Election to membership, I/We agree to pay my/our financial obligation 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, but that such suspension will not relieve me/us of the remainder of any financial obligations to the synagogue.

Signatures:

(1) _____ Date _____

(2) _____ Date _____

Once completed, download, then attach to an email and send to: kbhsynagogue@gmail.com. You may also send via USPS to our mailing address.