



THE HISTORIC
KIEVER SYNAGOGUE

MEMBERSHIP FORM

Name _____

Address _____

City _____

Province _____ Postal Code _____

Member 1:

Title: _____

Name: _____

Hebrew Name: _____

Date of Birth: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Kohen Levi Yisrael

Father's Name: _____

Father's Hebrew Name: _____

Mother's Name: _____

Mother's Hebrew Name: _____



**THE HISTORIC
KIEVER SYNAGOGUE**

Member 2:

Title: _____

Name: _____

Hebrew Name: _____

Date of Birth: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Kohen Levi Yisrael

Father's Name: _____

Father's Hebrew Name: _____

Mother's Name: _____

Mother's Hebrew Name: _____

Children: Please list names and dates of birth



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KIEVER SYNAGOGUE**

Yahrzeits Observed:

Name of the Deceased	Hebrew Name	Relationship	Date of Death	Hebrew Date

Please contact me regarding Memorial plaques

Committee Involvement

(Please indicate in what committee(s) you are interested in becoming involved)

Building and Grounds

Chesed and community involvement

Fundraising

Programming