



Membership Application Form

GENERAL INFORMATION

Applicant's Last Name	
Applicant's First Name	
Spouse's First Name	
Applicant's Title	Mr., Rabbi, Dr.
Spouse's Title	Mrs., Dr.
	Circle one: Kohein, Levi, Yisroel

MEMBERSHIP DUES

Regular Membership \$600 ☐

Associate Membership \$300 ☐

Note: Membership billing will start from the beginning of the current calendar quarter.

HOME INFORMATION

Street Address 1 (street # & name)	
Street Address 2 (apartment #)	
City	
State	
Zip Code	
Home Telephone Number	
Applicant Cell Number	
Email Address	

Applicant's Parents Information

Name	
Street Address 1 (street # & name)	
Street Address 2 (apartment #)	
City	
State	
Zip Code	
Telephone Number	
Email Address	

YAHRTZEIT INFORMATION

(Please include relationship, Hebrew date, full Hebrew name)

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There are many opportunities throughout the year to volunteer for the shul. Would you like to be added to the list of volunteers? If so, please list opportunities you would be interested in (Baal Tefillah, Baal Korei, Melava Malka, Accounting, Project Coordination, Admionistrative, Fundraising, Graphic Design etc...)

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For Men, please include a photo of yourself to help us locate you for an introduction in Shul

For more information, please contact:

Membership Committee Yaakov Milch (412-480-7682) membership@kol-torah.org
Binyamin Rosenberg (410-262-1303)

Please place completed form in the office mail slot or send completed forms to Yaakov Milch, 6214 Benhurst Road, Baltimore, MD 21209

Rabbi Berger Cell - 443-992-0203 Home - 410-358-5802
Shul President - Shimmy Ramras Cell - 516-316-4237 president@kol-torah.org
Billing - Mrs Zomber office@kol-torah.org

HEBREW NAMES - For Aliya Purposes

Applicant's Hebrew Name	
Applicant's Father and Applicant's Paternal Grandfather	
Applicant's Mother and Applicant's Maternal Grandfather	
Spouse's Hebrew name	
Spouse's Father and Spouse's Paternal Grandfather	
Spouse's Mother and Spouse's Maternal Grandfather	

Today's Date

For office use:
Internet form
Complete:

Y N

Billing

Preference

Once a year ☐
Quarterly ☐

CHILDREN INFORMATION - For Aliya Purposes

Hebrew Name	Gender (Circle)
	M F
	M F
	M F
	M F
	M F
	M F
	M F

Spouse's Parents Information

Name	
Street Address 1 (street # & name)	
Street Address 2 (apartment #)	
City	
State	
Zip Code	
Telephone Number	
Email Address	