



Congregation Mikveh Israel

The Synagogue of the American Revolution

Synagogue Use Only:

Membership Application

Please check that the information is correct. Fill in all empty fields.		
Type of membership: <input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> Young Adult <input type="checkbox"/> Young Married <input type="checkbox"/> Associate		
CONTACT INFORMATION:		
	Male: Single/Married	Female: Single/Married
Title (Dr., Mr., Mrs., Ms.)		
Last Name		
First Name		
Hebrew Name*		
Father's Hebrew Name e.g., Isaac b. Sarah		
Mother's Hebrew Name e.g., Deena b. Leah		
Home address		
City, State, Zip Code		
Home phone		
Cell phone		
Work Phone		
Email		
Marital status		
Date of Marriage		
Birthdate		
I am a:	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Bar/Bat Mitzvah Date		
Parashah		
Occupation/Profession		
Business Address		
City, State, Zip Code		
Business Email		

*If converted, please attach certificate.

Congregation Mikveh Israel Membership Application _____

Dependent Children				
Name	Hebrew Name	Birth date	School & Grade	Email

CONTACT INFORMATION FOR ADULT CHILDREN:		
	Child 1	Child 2
Title (Dr., Mr., Mrs., Ms.)		
Last Name		
First Name		
Hebrew Name*		
Home address		
City, State, Zip Code		
Birthdate		
Bar/Bat Mitzvah Date		
Marital status		
Date of Marriage		
Spouse's name		
Email		
	Child 3	Child 4
Title (Dr., Mr., Mrs., Ms.)		
Last Name		
First Name		
Hebrew Name*		
Home address		
City, State, Zip Code		
Birthdate		
Bar/Bat Mitzvah Date		
Marital status		
Date of Marriage		
Spouse's name		
Email		

* If converted, please attach certificate.

IF NOT SUFFICIENT SPACE, PLEASE ATTACH A SHEET WITH INFORMATION ABOUT THE REST OF YOUR FAMILY

Hashcaba (Yahrzeit) Information:

The Permanent Hashcabot will be recited on the Shabbat of the anniversary and during the day of Kippur and will be inscribed in the Permanent Hashcabot booklet which is distributed on Kippur. The fee is \$500 for each name.

Hashcaba Information

1. English Name of Deceased: _____
Hebrew Name of Deceased: _____
English Date of Death: _____ Time: _____ A.M. or P.M. (Circle one)
Hebrew Date of Death: _____
Relationship to me: _____
Do you wish to make this a Permanent Hashcaba? _____ Yes _____ No

Bar(son of)
Bat(daughter of)
Eshet(wife of)
(circle one)

2. English Name of Deceased: _____
Hebrew Name of Deceased: _____
English Date of Death: _____ Time: _____ A.M. or P.M. (Circle one)
Hebrew Date of Death: _____
Relationship to me: _____
Do you wish to make this a Permanent Hashcaba? _____ Yes _____ No

Bar(son of)
Bat(daughter of)
Eshet(wife of)
(circle one)

3. English Name of Deceased: _____
Hebrew Name of Deceased: _____
English Date of Death: _____ Time: _____ A.M. or P.M. (Circle one)
Hebrew Date of Death: _____
Relationship to me: _____
Do you wish to make this a Permanent Hashcaba? _____ Yes _____ No

Bar(son of)
Bat(daughter of)
Eshet(wife of)
(circle one)

4. English Name of Deceased: _____
Hebrew Name of Deceased: _____
English Date of Death: _____ Time: _____ A.M. or P.M. (Circle one)
Hebrew Date of Death: _____
Relationship to me: _____
Do you wish to make this a Permanent Hashcaba? _____ Yes _____ No

Bar(son of)
Bat(daughter of)
Eshet(wife of)
(circle one)

***Please attach a list of relatives to be notified for each Hashcaba. Be sure to include Name, Address, Relationship to Deceased and Phone Number.**

✓	Commitment	Membership Category
<input type="checkbox"/>	\$1,000	Family/Couple
<input type="checkbox"/>	\$600	Single
<input type="checkbox"/>	\$650	Young Married Couple (under age 35)
<input type="checkbox"/>	\$400	Single (under age 35)
<input type="checkbox"/>	\$275	Associate (Associate membership is only available to those who are affiliated with another synagogue and want to keep up with what's happening at Congregation Mikveh Israel. Membership discounts apply.)

We are committed to providing a spiritual home to everyone who wishes to join. Membership is the primary means for Congregation Mikveh Israel to continue and expand our efforts. If you wish to become a member but are unable to meet the financial commitment of general membership, we welcome you and encourage you to please contact the Parnas or the synagogue office to make special arrangements. Your request will remain confidential.

Tzedakah & Volunteer Opportunities:

Tzedakah Opportunities	
Please support Congregation Mikveh Israel by considering making an additional Tzedakah donation:	
General – supports general synagogue needs	<input type="checkbox"/> \$18 <input type="checkbox"/> \$36 <input type="checkbox"/> \$54 <input type="checkbox"/> Other \$_____
Rabbi’s Discretionary Fund - provides resources to be used at the discretion of the Rabbi	<input type="checkbox"/> \$18 <input type="checkbox"/> \$36 <input type="checkbox"/> \$54 <input type="checkbox"/> Other \$_____
Meals – provides support to the ongoing operations of our Meals Program	<input type="checkbox"/> \$18 <input type="checkbox"/> \$36 <input type="checkbox"/> \$54 <input type="checkbox"/> Other \$_____
Eruv – provides support to maintain the Eruv	<input type="checkbox"/> \$18 <input type="checkbox"/> \$36 <input type="checkbox"/> \$54 <input type="checkbox"/> Other \$_____
Total Tzedakah Donation \$ _____	

Committee Participation Opportunities			
We encourage your participation as members of Congregation Mikveh Israel. Please check off the committees you would be interested in serving on:			
Husband <input type="checkbox"/> Wife <input type="checkbox"/> Adult Education	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Meals	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Children’s Committee	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Membership
Husband <input type="checkbox"/> Wife <input type="checkbox"/> Fund Raising	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Cemetery	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Archives	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Events
Husband <input type="checkbox"/> Wife <input type="checkbox"/> Ritual Committee	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Newsletter/Website	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Marketing	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Building Maintenance
Husband <input type="checkbox"/> Wife <input type="checkbox"/> Film Festival	Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other, Please Explain: _____		

Minyan Participation						
We encourage and appreciate your participation in Congregation Mikveh Israel's daily Minyan. Please check off the day for which you are willing to either make a commitment to or are willing to be on call for if you are needed to make a Minyan.						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Shahrit						

Annual Financial Commitment Form

Financial Summary				
Req	Annual Dues		\$	
Recommende	High Holiday Youth Programming Fee - Building on our successful youth programming last year, we are developing age-specific Jewish and social programs, hiring professional staff to supervise the participants, and coordinating volunteers. Snacks will be provided over the holidays. <i>For those with children 12 and under - \$36/child</i>		\$	
	Tzedakah Opportunities (listed above)		\$	
Additional Items	Additional Rosh Hashanah & Yom Kippur seats for visiting family @ \$50 for each holiday		\$	
	<i>Please provide the names of each person needing an additional seat and for which holiday</i>			
	Name	Holiday	Name	Holiday
	Permanent Hashcaba		\$	
Total commitment			\$	

Payment Options	
<input type="checkbox"/>	Payment enclosed: \$ _____ <input type="checkbox"/> Cash, <input type="checkbox"/> Check, <input type="checkbox"/> Credit Card *
<p>*To pay by credit card, please use the "Donate" button on the home page of our website www.mikvehisrael.org. Please follow up with an email to the office at info@mikvehisrael.org. Thank you!</p> <p style="text-align: center;"><i>Please contact the office at (215) 922-5446 with any payment related questions.</i></p>	

Other Information/or Remarks

Prior Affiliation:(Congregation) _____ City/State: _____

Remarks: _____

I the undersigned, respectfully request to be considered for membership after recommendation by the Rabbi and review by the Board of Managers.

Signature _____

Date _____