



KANE STREET SYNAGOGUE

236 KANE STREET, BROOKLYN, NY 11231 TEL 718-875-1550 FAX 718-797-1152 www.kanestreet.org

MEMBERSHIP INFORMATION

Name _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

Home Phone _____

PLEASE COMPLETE FOR EACH ADULT (print clearly)

Title: Mr. Ms. Mrs. Dr. Rabbi Hon.

Name (last / first) _____ Date of Birth _____

Daytime Phone _____ Cell Phone _____ Occupation _____

E-Mail _____ Please add my e-mail to the Synagogue list

Hebrew Name _____ Jewish Kohen Levi Israel Not Jewish

Being a part of the Kane Street Community - I am interested in participating in the following areas:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> <i>Bikkur Cholim</i> / visiting the ill | <input type="checkbox"/> Building Preservation | <input type="checkbox"/> Computer / Technology |
| <input type="checkbox"/> Family Life | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Hebrew School |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Israel | <input type="checkbox"/> Lay Leadership | <input type="checkbox"/> Library |
| <input type="checkbox"/> <i>Menachen Avelim</i> /
comforting mourners | <input type="checkbox"/> Preschool | <input type="checkbox"/> Publicity | <input type="checkbox"/> Social Justice |
| | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Ushering | |

Title: Mr. Ms. Mrs. Dr. Rabbi Hon.

Name (last / first) _____ Date of Birth _____

Daytime Phone _____ Cell Phone _____ Occupation _____

E-Mail _____ Please add my e-mail to the Synagogue list

Hebrew Name _____ Jewish Kohen Levi Israel Not Jewish

Being a part of the Kane Street Community - I am interested in participating in the following areas:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> <i>Bikkur Cholim</i> / visiting the ill | <input type="checkbox"/> Building Preservation | <input type="checkbox"/> Computer / Technology |
| <input type="checkbox"/> Family Life | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Hebrew School |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Israel | <input type="checkbox"/> Lay Leadership | <input type="checkbox"/> Library |
| <input type="checkbox"/> <i>Menachen Avelim</i> /
comforting mourners | <input type="checkbox"/> Preschool | <input type="checkbox"/> Publicity | <input type="checkbox"/> Social Justice |
| | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Ushering | |

PLEASE LIST CHILDREN AGED 25 YEARS AND YOUNGER

Last Name	First Name	Hebrew Name	Date of Birth	School / Occupation

MEMBERSHIP

Kane Street offers a variety of membership categories. Each includes High Holy Day Tickets. Family and Single Parent memberships include tickets for parents and their children aged 25 and under who are living at home. Individual and student memberships will receive one ticket. Tickets for the High Holy Days will only be distributed to members in good standing. Our congregation follows the Conservative Movement’s definition of Jewish identity, which is someone born of a Jewish mother or converted to Judaism. We welcome the non-Jewish partners of members to participate in the services and programs of our community.

No one is turned away from KSS because of financial constraints. Special dues considerations will be made to accommodate those who wish to become a part of the Kane Street Synagogue community. Please call to speak with our Executive Director, Treasurer or Rabbi.

FEES FOR 2009 – 2010

Membership Dues (Please check a category)

- Family\$1,675
- Single Parent\$915
- Individual\$835
- Student\$200

Building Assessment for new members

\$100 per year for five years. Membership dues cover only a fraction of our annual operating costs. The building assessment is part of the initial dues structure. The fee is used to defray expenses for ongoing building repairs.

NOTE: IT IS UNDERSTOOD AND AGREED THAT YOUR MEMBERSHIP WILL AUTOMATICALLY BE RENEWED EACH YEAR UNLESS A NOTICE OF TERMINATION IS RECEIVED IN WRITING AT LEAST THIRTY (30) DAYS PRIOR TO THE RENEWAL YEAR ON AUGUST 1.

Please enroll me/us as member(s)

Signature _____ Date _____

Signature _____ Date _____

Amount of payment enclosed _____