



KANE STREET SYNAGOGUE

CONGREGATION BAITH ISRAEL ANSHEI EMES

236 Kane Street, Brooklyn, NY 11231

Tel: (718) 875-1550

Fax: (718) 875-1757

www.kanestreet.org

New Member Enrollment

Family/Household Name : _____

Address: _____ Apt.# : _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Wedding Date (if applicable) _____

Please complete the information below for each adult (print clearly)

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

Name (last, first): _____ Date of Birth: _____

Cell Phone: _____ Daytime Phone: _____

Email: _____ Occupation: _____

Your email address will be added to the Synagogue's mailing list, so you will receive the weekly newsletter, *Kane Street Connections*, and occasional emails about events and developments at the Synagogue and in the community, If you wish to opt out of those communications, please check here:

Hebrew Name (if known): _____ Jewish Kohen Levi Israel Not Jewish

Parents' Hebrew names (if known): _____

As a part of the Kane Street Community, I would be interested in participating in the following areas:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Education / <i>Beit Midrash</i> | <input type="checkbox"/> Israel | <input type="checkbox"/> Lay Leadership |
| <input type="checkbox"/> Family Life | <input type="checkbox"/> Preschool | <input type="checkbox"/> Shabbat Service Leadership |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Torah/Haftorah chanting |
| <input type="checkbox"/> <i>Menachen Avelim</i> /
comforting mourners | <input type="checkbox"/> Building Preservation | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> <i>Bikkur Cholim</i> / visiting the ill | <input type="checkbox"/> Copywriting/Publicity | <input type="checkbox"/> Hebrew School |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Archive/Library |
| | <input type="checkbox"/> Data Entry and Analysis | <input type="checkbox"/> Social Justice |

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

Name (last, first): _____ Date of Birth: _____

Cell Phone: _____ Daytime Phone: _____

Email: _____ Occupation: _____

Your email address will be added to the Synagogue's mailing list, so you will receive the weekly newsletter, *Kane Street Connections*, and occasional emails about events and developments at the Synagogue and in the community, If you wish to opt out of those communications, please check here:

Hebrew Name (if known): _____ Jewish Kohen Levi Israel Not Jewish

Parents' Hebrew names (if known): _____

As a part of the Kane Street Community, I would be interested in participating in the following areas:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Education / <i>Beit Midrash</i> | <input type="checkbox"/> Israel | <input type="checkbox"/> Lay Leadership |
| <input type="checkbox"/> Family Life | <input type="checkbox"/> Preschool | <input type="checkbox"/> Shabbat Service Leadership |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Torah/Haftorah chanting |
| <input type="checkbox"/> <i>Menachen Avelim</i> /
comforting mourners | <input type="checkbox"/> Building Preservation | <input type="checkbox"/> Ushering |
| <input type="checkbox"/> <i>Bikkur Cholim</i> / visiting the ill | <input type="checkbox"/> Copywriting/Publicity | <input type="checkbox"/> Hebrew School |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Archive/Library |
| | <input type="checkbox"/> Data Entry and Analysis | <input type="checkbox"/> Social Justice |



KANE STREET SYNAGOGUE

Please list children aged 25 years and younger

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

MEMBERSHIP

Kane Street Synagogue is an open, inclusive, and egalitarian community, affiliated with the Conservative movement. Several membership categories are offered; each includes tickets for High Holiday services. Family memberships include tickets for parents and their children aged 25 and under who are living at home. Individual and student memberships receive one ticket. Tickets for High Holidays services are distributed to members in good standing.

Kane Street welcomes people of all backgrounds. We especially encourage non-Jewish partners and parents to become part of our learning, prayer, celebration, and social action. We offer family and adult educational opportunities, and our Rabbi is happy to meet with any member to offer counsel and advice. Congregational voting rights and certain ritual roles are limited to Jews. Children who are Jewish by birth or conversion are accepted for Hebrew School and Bar and Bat Mitzvah.

MEMBERSHIP DUES FOR 2018-2019 / 5779

<i>Please check one:</i>	if paid via check, or ACH	if paid via credit or debit card
Family	<input type="checkbox"/> \$2,345	<input type="checkbox"/> \$2,420
Interfaith Family	<input type="checkbox"/> \$1,820	<input type="checkbox"/> \$1,880
Single Parent Family	<input type="checkbox"/> \$1,375	<input type="checkbox"/> \$1,420
Individual	<input type="checkbox"/> \$1,230	<input type="checkbox"/> \$1,270
Young Family* (under 35)	<input type="checkbox"/> 1,215	<input type="checkbox"/> \$1,250
Young Adult* (under 35)	<input type="checkbox"/> \$555	<input type="checkbox"/> \$570
Student	<input type="checkbox"/> \$335	<input type="checkbox"/> \$345

No one is turned away from Kane Street because of financial constraints. We make special dues considerations to accommodate all who wish to become members of our congregation. Please call (718) 875-1550 to speak with our Executive Director, Treasurer, or Rabbi. Any such conversations will be held in the strictest confidence.

*For details on membership for Young Families and/or Young Adults, please contact the Executive Director at (718) 875-1550
Membership dues cover only a fraction of our annual operating costs. The Building Assessment Fee is \$180.00 per year for the first five years of membership. As part of the initial dues structure, it is used to defray expenses for ongoing building repairs of our historic building.

New Member Enrollment Agreement

Please note that your membership will be renewed every year, unless you notify the Synagogue.

Please enroll me/us as member(s) of Kane Street Synagogue:

Signature _____ Date _____

Signature _____ Date _____

Amount of payment submitted:\$ _____

Office Use Only	Data entry by:
Family ID:	Enroll date: