

Congregation Hesed Shel Emet
575 North Keim Street
Pottstown, PA 19464

Application for Membership

Date _____

Name _____ Hebrew Name _____

Address _____

Phone _____ e-mail _____

Birthdate _____ Occupation _____

Company _____ Phone _____

Business Address _____

Spouse's Name _____ Hebrew Name _____

Birthdate _____ Occupation _____

Anniversary _____ Is your Spouse Jewish? _____

Unmarried Children in Your Household

Name	Hebrew Name	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Married Children

Name	Hebrew Name	Birthdate	Anniversary
_____	_____	_____	_____
_____	_____	_____	_____

Friends who are current members of Hesed Shel Emet

Activities of interest to you or your family member(s)

Deceased Loved Ones for Yahrzeit Memorial List:

Name _____	Hebrew Name _____
Relationship _____	Date of Death _____
Name _____	Hebrew Name _____
Relationship _____	Date of Death _____
Name _____	Hebrew Name _____
Relationship _____	Date of Death _____
Name _____	Hebrew Name _____
Relationship _____	Date of Death _____

Check any of the following groups in which you and your family would like to participate:

Sisterhood ___ House ___ Ritual ___ Cemetery ___ Education ___ Adult Ed ___ Social ___ USY ___

Were you ever a member of Hesed Shel Emet? ___ Last year of Membership _____

Relationship to any current member of Hesed Shel Emet

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Were you, or are you, a member of any other congregation? _____

If so, Name: _____ Location _____

Have you ever been active in a temple? _____ In what capacity? _____

Other organizations of which you are a member:

SIGNATURE _____ DATE _____

Our dues structure is based on four levels starting with \$960 per year which includes membership and a Building Repair Fund. Membership benefits include no tuition for Religious School, High Holiday tickets, Adult Education classes, beautifully refurbished sanctuary and social hall. We are also proud of our active Jewish Women's League.

If you wish to apply, please download the application, fill in your information and email it to the Synagogue info@hesedshelemet.org as an attachment or mail it to the address list at the top of page 1. You may request a membership application by mail by calling the Synagogue office (610)326-1717.

Once we receive your application a member of the Membership Committee will call to determine your needs and expectations. We have a selection of payment options: monthly, quarterly, semi-annually or annually. We accept personal, corporate and estate checks, cash and most credit cards.