



**Kehillas Shivtei Yeshurun of  
Ramat Beit Shemesh Aleph**

קהילת שבטי ישרון – רמת בית שמש א'

Amuta # 580423010

12 Nachal Dolev, Ramat Beit Shemesh, Israel

www.ksy.org.il – [office@ksy.org.il](mailto:office@ksy.org.il)

02-992-3903

Rav Yaacov Haber, Rav of the Kehilla

קהילת שבטי ישרון  
KEHILLAS SHIVTEI YESHURUN

# Membership Form

	Husband	Wife
First Name (English Letters)		
First Name (Hebrew Letters)		
Family Name		
Address		
Occupation		
Email		
Home Phone		
Cellular Phone		
Business Phone		
Other Phone		
Date of Birth		
Father's Name* (Hebrew Letters)		
Mother's Name* (Hebrew Letters)		

	Name	Date of Birth
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		
Child 6		
Child 7		
Child 8		
Child 9		

When writing the names of the family, please include full names, so we can add them to your aliyah card.

Please verify as accurately as possible the day, month and year according to the **Jewish** calendar for all dates requested. The time of day for a birth or death is important information if you are trying to calculate a Jewish date based on a secular date. The time of sunset specific to the location and date of birth or death should be used as the beginning and end of a day.

Please verify as accurately as possible all the names below. People often have more than one name. A person may have a Hebrew name, secular name, a name known among relatives or friends and a different name in the workplace. A person may have two names for two cities. Halacha recognizes primary and secondary names. Often the primary name is the Hebrew name given at birth but that is not always the case. If you have any questions about names or dates, you are welcome to discuss them with the Rav.

## Yahrzeit יאהרצייט

Please supply all relevant names – see note above

Name*	Relationship	Date



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**Aliyah Date:** \_\_\_\_\_

## Chesed Directory:

The Kehilla maintains an online chesed directory, listing services and/or abilities that members are willing to perform for others in the kehilla. If you would like to be included in this directory please indicate your entry below:

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<b>Signatures</b> _____  _____	Signing this form will also make you a member of the <b>Kehillas Shivtei Yeshurun - Ramat Beit Shemesh Aleph Amuta</b> <b>Membership dues as of Tishrei 5781: 180₪/month</b>
	אני _____ מבקש להיות חבר בעמותה קהילת שבטי ישרון – רמת בית שמש א' מטרת העמותה ותקנוניה ידועים לי. אם אתקבל כחבר בה, אני מתחייב לקיים את הוראת התקנון ואת החלטות האסיפה הכלליות של העמותה.
<b>Date</b> _____	



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## Rav's Questionnaire

Name: \_\_\_\_\_

***Shul Membership is an indication that all Yichus issues have been cleared by the Rav. Schools, shidduchim and other institutions rely, refer and usually defer to the Rav of the Beis HaKnesset for this information. It is therefore imperative that the following information be included with your membership application in order for your Shul membership to be approved. Please be assured that the information on this sheet will be seen by the Rav only and will be kept in the strictest confidence.***

1. Was anyone in your immediate family i.e. you, your spouse, child, grandmother, grandfather, not born Jewish?

Please specify \_\_\_\_\_

2. If you, your child, your mother or maternal grandmother underwent a conversion please supply the following information:

a) Conversion documents

b) Date of Conversion: \_\_\_\_\_

c) Rabbi that oversaw the conversion: Name \_\_\_\_\_ City \_\_\_\_\_ Contact info \_\_\_\_\_

d) Beis Din that officiated conversion Name \_\_\_\_\_ City \_\_\_\_\_ Contact info \_\_\_\_\_

3. What is your marital status? Single \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_

4. Date of your current marriage: \_\_\_\_\_

5. Who officiated your marriage? Name \_\_\_\_\_ City \_\_\_\_\_ Contact info \_\_\_\_\_

6. Is this your first marriage? You \_\_\_\_\_ Spouse \_\_\_\_\_

7. If either you or your spouse were divorced, what was the name of the presiding Rabbi/ Beis Din that officiated the Get? Name \_\_\_\_\_ City \_\_\_\_\_ Contact info \_\_\_\_\_ Date \_\_\_\_\_. *Please include document of divorce with application.*

8. What was the name and city of the Synagogue you belonged to before moving to Israel?  
\_\_\_\_\_

9. Who was your Rabbi before making Aliyah?

Name \_\_\_\_\_ City \_\_\_\_\_ Contact info \_\_\_\_\_

10. Did you or your spouse ever attend a Yeshivah or Seminary? If yes, which?

\_\_\_\_\_



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11. What level of educational needs would you like to see the Shul supply?

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12. Tell us about your children

	Name	Date of Birth	Gender	School Attending
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				
Child 7				
Child 8				