

## MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

### ADULT #1

 Mr.  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Job title: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Hebrew name (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

### ADULT #2

 Mr.  Ms.  Mrs.  Dr.  Other: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Job title: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Hebrew name (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

### HOUSEHOLD INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Anniversary date (if applicable): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Please provide child(ren)'s information on reverse, if applicable

How would you prefer to be addressed in letters?: Dear \_\_\_\_\_

How would you like to be addressed on envelopes?: \_\_\_\_\_

Preferred communication method:  Email  Mail  Phone

How did you hear about KAM Isaiah Israel?: \_\_\_\_\_

Reason for joining: \_\_\_\_\_

## CHILD(REN)

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

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hebrew name (if applicable): \_\_\_\_\_

Grade: \_\_\_\_\_ Name of school: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hebrew name (if applicable): \_\_\_\_\_

Grade: \_\_\_\_\_ Name of school: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hebrew name (if applicable): \_\_\_\_\_

Grade: \_\_\_\_\_ Name of school: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hebrew name (if applicable): \_\_\_\_\_

Grade: \_\_\_\_\_ Name of school: \_\_\_\_\_ Gender: \_\_\_\_\_

## Yahrzeits to be Remembered

Name of deceased: \_\_\_\_\_ English date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Which date would you prefer to observe?:  English  Hebrew

Person to be notified: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Name of deceased: \_\_\_\_\_ English date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Which date would you prefer to observe?:  English  Hebrew

Person to be notified: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Name of deceased: \_\_\_\_\_ English date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Which date would you prefer to observe?:  English  Hebrew

Person to be notified: \_\_\_\_\_ Relationship to deceased: \_\_\_\_\_

Please email your completed form to [kamii@kamii.org](mailto:kamii@kamii.org), or mail to: **KAM Isaiah Israel**  
1100 E. Hyde Park Boulevard  
Chicago, IL 60615

**Thank you for  
your membership!**