

Kenesset Israel Torah Center

KENESSET ISRAEL TORAH CENTER

Name(s): _____



I am interested in:

- attending services
- beginner's minyan
- family programs
- adult classes
- children's classes
- learning about kashrut
- learning about ritual
- learning to pray

other: _____

Welcome to Kenesset Israel Torah Center! KITC is an Orthodox synagogue in Sacramento, California, founded in 1982 as a place of Torah learning. We represent an eclectic group of people who are interested in growing and developing our Torah knowledge and Torah observance through study, public prayer and social events. KITC is a member of the Orthodox Union, and led by Rabbi Garth Sliberstein.

1165 Morse Avenue, Sacramento, CA 95864
Postal Address: P.O. Box 255503,
Sacramento, CA 95865

Phone: (916) 481-1159
Website: www.kitcsacramento.org
E-Mail: kitc-office@surewest.net

KITC is a warm and Orthodox synagogue and is a member of the Orthodox Union. KITC was established in 1983.

Rabbi: Garth Silberstein

Services:

Shacharit Weekdays—6:45 a.m.,
6:30 a.m. Mondays and Thursdays,
Sunday and public holidays 8:30 a.m.,
Shabbat Summer Schedule 9:15 a.m.,
Shabbat Winter Schedule 9:00 am

Mincha (Summer only) & Ma'ariv—8:00 p.m.,
(combined with Chabad at 945 Evelyn Lane)

Education: For a full schedule of classes,
please see our website: kitsacramento.org

Application for Membership to Keneset Israel Torah Center

All applicants will meet with the Rabbi, prior to becoming members.

Name(s): _____ **Telephone:** _____

Address: _____

Email Address: _____

Hebrew Name: _____ **ben/bat:** _____

Hebrew Name of Spouse: _____ **ben/bat:** _____

Hebrew Names of Parents: _____ **ben** _____ **bat** _____
FATHER MOTHER

Hebrew Names of Spouse's Parents: _____ **ben** _____ **bat** _____
FATHER MOTHER

Anniversary: _____

Children's Names: _____

English	Hebrew	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am hereby applying for membership in Keneset Israel Torah Center and the Union of Orthodox Jewish Congregations of America and agree to abide by the rules and by-laws thereof

Signature(s) Date

Membership Dues: Full family membership \$1500/year, Full single membership \$750/year, Associate membership (for those who are currently full members of another congregation) \$450/year.

When applying for Associate Membership, please provide the name of the synagogue where you currently have primary membership. Name of Synagogue: _____

Any questions should be directed to the Membership Chairperson or the President at 916-481-1159.
Special arrangements for dues payment in the case of hardship may be made with the President at 916-481-1159