

(Please place tape here when folded.)



MEMBERSHIP APPLICATION INFORMATION

Adult #1

Adult #2

Name(s) Mr. _____
Mrs. _____
Ms. (First, middle initial, last) _____
Dr. _____

Mr. _____
Mrs. _____
Ms. (First, middle initial, last) _____
Dr. _____

Address _____

Telephone (h) _____

(cell) _____

(cell) _____

Email _____

Email _____

Married Wedding Date _____ Divorced Single Widowed

Hebrew Name _____

Birth Name _____

Date of Birth _____

EMPLOYMENT

Adult #1

Adult #2

Occupation _____

Title _____

Employer _____

Telephone _____

Email _____

CHILDREN LIVING AT HOME

Child #1

Child #2

Child #3

First name, middle name,
last name _____

Hebrew name _____

Date of Birth _____

Religious school grade _____

If applicable
Bar/Bat Mitzvah date _____

Confirmation date _____

College _____

(Please fold along dotted line and seal with tape.)

Place
stamp
here

Please fill out this form and return to:

Reform Congregation Keneseth Israel
8339 Old York Road
Elkins Park, PA 19027-1597

(Please fold along dotted line and seal with tape.)

(Please place tape here when folded.)

MY RELIGIOUS HISTORY

Adult #1

Religious Movement in which you were raised; include name of synagogue if applicable _____

If not raised in the Jewish tradition Jewish by choice/date of conversion, if applicable _____

Other Religious Affiliation _____

How did you learn about Keneseth Israel? _____

Adult #2

Jewish by choice/date of conversion, if applicable _____

Other Religious Affiliation _____

RELATIVES AFFILIATED WITH KI

Relatives Affiliated with KI _____

Yahrzeit Record

Name of deceased	Relative of	Relationship	Date of death (Month/Day/Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Would you like the synagogue to use a secular or Hebrew calendar date to memorialize your loved ones?

MEMBERSHIP ACTIVITIES AND PROGRAMS

There are many synagogue and community activities that KI members can participate in; we welcome you with open arms! Below are our groups, committees and programs. Please let us know your interests. For more information about a committee or program, refer to the "We Participate" page in this brochure or call our office at 215-887-8700.

Adult #1 (Name) _____ Adult #2 _____

WORSHIP		I would like to be informed of activities involving the following groups:	CONGREGATIONAL SERVICE/ SYNAGOGUE LIFE		
#1	#2		#1	#2	
<input type="checkbox"/>	<input type="checkbox"/> Religious Practices Committee	<input type="checkbox"/>	<input type="checkbox"/> Under 25	<input type="checkbox"/>	<input type="checkbox"/> Building and Grounds
<input type="checkbox"/>	<input type="checkbox"/> Music Committee	<input type="checkbox"/>	<input type="checkbox"/> Ages 26-35	<input type="checkbox"/>	<input type="checkbox"/> Museum
<input type="checkbox"/>	<input type="checkbox"/> Lay Service Readers	<input type="checkbox"/>	<input type="checkbox"/> Ages 36-45	<input type="checkbox"/>	<input type="checkbox"/> Archives
<input type="checkbox"/>	<input type="checkbox"/> Pulpit Honors	<input type="checkbox"/>	<input type="checkbox"/> Ages 46-55	<input type="checkbox"/>	<input type="checkbox"/> Library
<input type="checkbox"/>	<input type="checkbox"/> Adult Education Classes	<input type="checkbox"/>	<input type="checkbox"/> Ages 56-65	<input type="checkbox"/>	<input type="checkbox"/> Membership
<input type="checkbox"/>	<input type="checkbox"/> Adult Bar/Bat Mitzvah	<input type="checkbox"/>	<input type="checkbox"/> Ages 66-75	<input type="checkbox"/>	<input type="checkbox"/> Usher Corps
CONTINUING EDUCATION		<input type="checkbox"/>	<input type="checkbox"/> Over 75	COMMUNITY	
<input type="checkbox"/>	<input type="checkbox"/> Introduction to Judaism	<input type="checkbox"/>	<input type="checkbox"/> Only Singles	<input type="checkbox"/>	<input type="checkbox"/> Sharing is Caring
<input type="checkbox"/>	<input type="checkbox"/> Outreach/ Interfaith	<input type="checkbox"/>	<input type="checkbox"/> Only Marrieds	<input type="checkbox"/>	<input type="checkbox"/> Social Action
<input type="checkbox"/>	<input type="checkbox"/> Torah Chavarah	<input type="checkbox"/>	<input type="checkbox"/> All	<input type="checkbox"/>	<input type="checkbox"/> Mitzvah Corps
SOCIAL		SCHOOL ACTIVITIES		<input type="checkbox"/>	<input type="checkbox"/> Mitzvah Day
<input type="checkbox"/>	<input type="checkbox"/> KI Singles	<input type="checkbox"/>	<input type="checkbox"/> Religious School Parents	<input type="checkbox"/>	<input type="checkbox"/> Israel Independence Day
<input type="checkbox"/>	<input type="checkbox"/> Young Couples	<input type="checkbox"/>	<input type="checkbox"/> Preschool Parents	<input type="checkbox"/>	<input type="checkbox"/> Special interest/hobby
<input type="checkbox"/>	<input type="checkbox"/> Young Families	<input type="checkbox"/>	<input type="checkbox"/> College Connection	_____	_____
<input type="checkbox"/>	<input type="checkbox"/> KI Seniors	<input type="checkbox"/>	<input type="checkbox"/> Youth Group (3rd - 12th grade)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/> Brotherhood			_____	_____
<input type="checkbox"/>	<input type="checkbox"/> Sisterhood			_____	_____
<input type="checkbox"/>	<input type="checkbox"/> Outreach/Interfaith Couples			_____	_____

We look forward to your becoming a member of KI and participating in our synagogue's diverse activities. Please let us know if you are seeking an activity not listed.