



Membership
INFORMATION
K E N E S E T H I S R A E L

PLEASE MAIL THIS FORM TO:

REFORM CONGREGATION KENESETH ISRAEL
8339 OLD YORK ROAD, ELKINS PARK, PA 19027

VISIT US: WWW.KENESETHISRAEL.ORG

CALL US: 215.887.8700



	ADULT #1 Mr./Mrs./Ms./Dr.	ADULT #2 Mr./Mrs./Ms./Dr.
Title	_____	_____
Name	_____	_____
Nickname	_____	_____
Address	_____	
Contact Info	(Home) _____ (Cell) _____ (Email) _____	(Home) _____ (Cell) _____ (Email) _____
If Married	Anniversary Date: __/__/__	
Hebrew Name	_____	_____
Birth Date	_____	_____
Occupation	_____	_____
Employer	_____	_____
Work Phone	_____	_____
Are you a returning member of KI?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, approximate dates: _____	

CHILDREN UNDER AGE 26

	CHILD #1	CHILD #2	CHILD #3
First/Last name	_____	_____	_____
Gender	_____	_____	_____
Hebrew name	_____	_____	_____
Date of birth	_____	_____	_____
Grade	_____	_____	_____
School or University	_____	_____	_____
<i>If applicable:</i>			
Bar/Bat Mitzvah date	_____	_____	_____
Confirmation date	_____	_____	_____





RELIGIOUS HISTORY

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

ADULT #1

ADULT #2

If not raised in the Jewish Tradition

Jewish by choice/date of conversion

Jewish by choice/date of conversion

Other Religious Affiliation

Other Religious Affiliation

What attracted you to Keneseth Israel?

What are you most interested in?

RELATIVES AFFILIATED WITH KI

Relatives affiliated with KI

YAHRZEIT RECORD

KI reads the names of its member's deceased loved ones on their Yahrzeit. Please list the names to be read annually.

Relative of

Name of deceased

Relationship

Date of death (M/D/Y)

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

For questions or an individual appointment to help with this form, contact Jaimie Shmelzer at 215.887.8700 x 128.

For office use only:

Date Received: ___/___/___

Employee Initials: _____

Database entry date: ___/___/___

Employee Initials: _____





Annual Financial
COMMITMENT
KENESETH ISRAEL

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PLEASE REFER TO THE ENCLOSED FINANCIAL INFORMATION TO COMPLETE THIS FORM

Membership Contribution	\$ _____
Religious School Tuition	
Child's name _____	\$ _____
Child's name _____	\$ _____

I/WE WOULD LIKE TO SUPPORT THESE GROUPS

·Women of KI \$40	\$ _____
·ARZA \$50	\$ _____
·King David Harp Society Membership \$36	\$ _____
·Temple Judea Museum Friend \$36__ \$90__ \$180__	\$ _____
·Adult Education Tuition (per person) \$75__	\$ _____
·Religious School/JQuest Supporter \$500	\$ _____
·Preschool Supporter \$500	\$ _____
·All new members will be sent a statement for the 21st Century Building Fund.	
TOTAL	\$ _____

- | | |
|---|---|
| <input type="checkbox"/> I/We will pay the full annual commitment. | <input type="checkbox"/> Enclosed is a check made payable to Keneseth Israel. |
| <input type="checkbox"/> I/We will pay 2 equal installments with the first payment by July 1 and with full payment by December 1. | <input type="checkbox"/> For information on payment through Securities Donations, please contact the Executive Director's Office at 215-887-8700. |
| <input type="checkbox"/> I/We will pay in monthly installments with full payment by June 1. | <input type="checkbox"/> I/We will be paying with a <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard. |
- *A 2.5% fee will be automatically added to these credit card transactions.

Card number _____ Exp. Date _____ CVV2# _____

Name on card _____ Zip Code: _____

I/We authorize my credit card to be billed in accordance with the option selected above.

At any time, a member may ask that the terms of his or her Annual Financial Commitment be modified because of inability to pay. The member will then be asked to complete an Annual Financial Commitment Adjustment Form which will be kept confidential. Please contact the Executive Director to make arrangements.

I/We hereby make application for membership at Reform Congregation Keneseth Israel.

Member Signature _____ Date _____

Welcome to KI!