



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	ADULT #2
Title	_____	_____
Preferred Pronouns	_____	_____
Name	_____	_____
Nickname	_____	_____
Address	_____	
Telephone	(Home) _____ (Cell) _____ (Email) _____	(Home) _____ (Cell) _____ (Email) _____
Marital Status	<input type="checkbox"/> Married (Date: _____) <input type="checkbox"/> Single	<input type="checkbox"/> Widowed
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 30

	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 conversation

Jewish by choice/date of conversation

Other Religious Affiliation

Other Religious Affiliation

What attracted you to Keneseth Israel?

We offer a wide range of ways for our members to be active and engaged. Please circle the areas that interest you.

Worship | Education - Youth/Adult | Social Action | Social Justice | Music | Arts | Library | Social connection/community

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





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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 \$ _____

TOTAL \$ _____

- I/We will pay the full annual commitment now.
- I/We will pay 2 equal installments with the first payment by July 1 and with full payment by December 1.
- I/We will pay in monthly installments with full payment by June 1.
- Enclosed is a check made payable to Keneseth Israel.
- For information on payment through Securities Donations, please contact the Executive Director's Office at 215-887-8700.
- I/We will be paying with a Visa MasterCard.

Card number _____ Exp. Date _____ CVV2# _____
 Name on card _____

- I/We authorize my credit card to be billed in accordance with the option selected above.
- I/We authorize a voluntary 3% contribution to offset credit card processing fees.

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!