PLEASE MAIL THIS FORM TO:

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

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VISIT US: WWW.KENESETHISRAEL.ORG

CALL US: 215.887.8700

Membership INFORMATION KENESETH ISRAEL

חינו וקיימנו והגענו לזמו הזה

	ADULT #1	ADULT #2	2
Title	Mr./Mrs./Ms./Dr.	Mr./Mrs./Ms.,	/Dr
Name			
Nickname			
Address			
Contact Info	(Home) (Cell) (Email)	(Cell)	
If Married	Anniversary Date://		
Hebrew Name			
Birth Date			
Occupation			
Employer			
Work Phone			
Are you a returning meml	ber of KI? □ Yes □ No If ye	es, approximate dates:	
CHILDREN UNDER A	AGE 26 CHILD #1	CHILD #2	CHILD #3
First/Last name			
Gender			
Hebrew name			
Date of birth			
Grade			
School or University			
If applicable:			
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 conve	ersion	☐ Jewish by choice/date of conversion		
	☐ Other Religious Affiliation	☐ Other Religio	☐ Other Religious Affiliation		
What attracted you to Ker	neseth Israel?				
What will make your expe	erience at KI meaningful?				
RELATIVES AFFILIATE Relatives affiliated with KI	TED WITH KI				
YAHRZEIT RECORD KI reads the names of its n	nember's deceased loved ones or	n their Yahrzeit. Please list the	e names to be read annually.		
Relative of	Name of deceased	Relationship	Date of death (MM/DD/YY)		
Would you like the synago	ogue to use a □ secular or □ Hebr	rew calendar date to memoria	alize your loved ones?		
For questions or an indivi	dual appointment to help with th	his form, contact Brian Rissin	ger at 215.887.8700.		
	.,				

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Annual Membership COMMITMENT



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 AUXILIA	RY GROUPS		
Adult Education Tuition	\$75		\$
Association of Reform Zionists of America (ARZA)	\$50		\$
High Holy Day Appeal (at your discretion)	\$		\$
JQuest/Quest Noar (Religious School)	\$500		\$
King David Harp Society Supporter	\$36		\$
Preschool Supporter	\$500		\$
Temple Judea Museum Friend	\$36 \$90 \$	5180	\$
Women of KI Annual Dues	\$40		\$
TOTAL			\$
 I/We will pay the full annual commitment now. I/We will pay 2 equal installments with full payment by June 30th. I/We will pay in monthly installments with full payment by June 30th. Enclosed is a check made payable to Keneseth Isra 	 □ 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. And understand there will be a 3% contribution to offset credit card fees. 		
Card number	Exp. Date		CVV2#
Name on card			
☐ I/We authorize my credit card to be billed in accorda		selected al	bove.
At any time, a member may ask that the Annual Membership contact the Executive Director to make arrangements. All arra			e of financial challenges. Please
/We hereby make application for membership a	t Reform Congreg	ation Ken	eseth Israel.
Manahay Cirpatuna		D-1	
viember Signature		_ Date	
Member Signature		Weld	come to KI!