



Membership INFORMATION

KENESETH ISRAEL

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	Mr./Mrs./Ms./Dr.	Mr./Mrs./Ms./Dr
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? ☐ Yes ☐ 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 will make your experience at KI meaningful?

RELATIVES AFFILIATED WITH KI

Relatives affiliated with KI

YAHRTZEIT 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 (MM/DD/YY)

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 Brian Rissinger at 215.887.8700.

For office use only:

Date Received: ___/___/___

Employee Initials: _____

Database entry date: ___/___/___

Employee Initials: _____

Annual Membership
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 AUXILIARY GROUPS

Adult Education Tuition \$75PP _____ \$ _____

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 \$50 ____ \$100 ____ \$200 ____ \$ _____

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 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. 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 accordance with the option selected above.

At any time, a member may ask that the Annual Membership Commitment be modified because of financial challenges. Please contact the Executive Director to make arrangements. All arrangements are confidential.

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

Member Signature _____ Date _____

Welcome to KI!