Membership INFORMATION
KENESETH ISRAEL

PLEASE RETURN THIS FORM TO:
REFORM CONGREGATION KENESETH ISRAEL
8339 OLD YORK ROAD, ELKINS PARK, PA 19027
SCAN TO: CONTACT@KENESETHISRAEL.ORG

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	_____	_____	_____
If applicable:			
Bar/Bat Mitzvah date	_____	_____	_____
Confirmation date	_____	_____	_____

RELIGIOUS HISTORY

	ADULT #1	ADULT#2
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 _____	❑ 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 _____ _____
_____ _____

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 (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:*_____

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Annual Membership COMMITMENT
KENESETH ISRAEL

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 (per person)	$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	$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.
- ❑ ACH Withdrawal

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!