## 2023-2024 KEHILLAT MA'ARAV MEMBERSHIP RENEWAL

Step 1: About You (Plea	se print clearly)				re-printed information case make corrections.		
Adul			Adu	lt 2			
Last Name		Last Name					
First Name		First Name					
Birthdate		Birthdate					
Hebrew Name		Hebrew Name					
Nickname		Nickname					
Cell Number		Cell Number					
Email		Email					
Address			•				
Home Phone							
Preferred method of communication			Preferred method of communication		ne 🔲 Email		
Opportunities for Involvement Te	ell us what interests you!	Opportuni	ities for Inv	olvement	Tell us what interests you!		
Committees S  Adult Education Building & Security Ways & Means Finance / Investment Membership Religious School Ritual Social Action	Committees  Adult Education Building & Security Ways & Means Finance / Investment Membership Religious School Ritual Social Action  Special Skills Accounting/Financial Chanting Torah Event Planning Letures Legal Expertise Musical Instruments Special Needs Assistance Teaching/Tutoring						
Share Your Thoughts		Share You	r Thoughts				
What are you looking forward	erd to most this year?	1. Wha	it are you lo	oking forw	ard to most this year?		
2. Where/how would you like to	o feel more engaged at KM?	2. Wher	e/how woul	ld you like t	to feel more engaged at KM?		
3. Is there anything special you (or your family)?		ere anything our family)?		ou'd like to tell us about you			

Please continue on back ---->

Step 2: Select Your Membership Category (check one)												
	Under 35 Singl	e 🗌 Family/Couple	A	ges 35-70	☐ Single	☐ Fa	mily/Couple					
	Ages 71+ Singl	e	e /	Associate	Single	☐ Fa	amily/Couple					
This year, I would like to support Kehillat Ma'arav and my fellow congregants by being a member of The Micah Society.  (Please include this amount for your Membership dues in line "A" in Step 4 below.)												
Sponsor Benefactor		Benefactor	Pillar			Chai						
	<b>\$5,000</b>	<b>\$7,500</b>	\$10,000			<b>\$18,000</b>						
	Step 3: R	eligious Scho	ol Regis	tration	(if applic	cable	e)	Tuition Amount				
	Name	Hebrew Name	DOB	Secular S	chool & Gro	ade	Grade at KM	Please refer to page 3 in the member booklet.				
child #1								\$				
child #2								\$				
child #3 child #4								\$				
Photo Release & Consent: During Kehillat Ma'arav Religious School classes and events, we will be taking video and photos of your children for our Parent Newsletters, RS photo walls, RS videos, website, advertising, social media, publicity, etc. We will not post your children's names, but we will use their likeness. This will remain in force unless otherwise revoked in writing.  I DO give permission for photographs and videos of my child and their artwork to be used by Kehillat Ma'arav for promotional purposes. Initials												
		Step 4: To	otal Cor	nmitme	nt							
A. Membe	Please refer to the rship Dues (or Micah le	ne membership su	pport sche	dule on pa	ge 3 for fee	s by co	ategory.)					
B. Building	•	<u> </u>	150									
C. Security Fee			\$ 275									
D. USCJ Membership			\$45 \$90 (check one)									
E. Religious School Tuition (total of all children)			\$ (if applicable)									
F. Additional Contribution (Thank you!)			\$									
TOTAL DUE 2023-2024 (A + B + C + D + E + F) \$												
Step 5: Indicate Payment Method												
I authorize Kehillat Ma'arav to charge my credit card for my entire Total Due for 2023-2024 now (1 payment).												
I will send a check for my entire balance by August 15, 2023 (1 payment).												
I will pay 50% of my balance by credit card now, and the remaining balance on or before December 15, 2023 (2 payments).												
I authorize Kehillat Ma'arav to charge my credit card on the 15th of each month in equal installments between now and June 15, 2024 (monthly payments).  I have read and understand the payment options listed. Initials  I understand that the contribution noted above is for the fiscal year beginning on July 1, 2023 and ending on June 30, 2024. I understand that this commitment												
does not include outstanding balances I may have, which shall be included in the payment plan above. Initials CREDIT CARD INFORMATION												
	Name on Card  Billing Address (if different from other side)											
Visa/Mast	er/AMEX #				Expir	ration D	oate CV	/V				