



**Congregation Kehillah  
2024/25 - 5784/85 Membership Renewal Form**

Thank you for taking the time to fill out this renewal form.  
It will ensure that our database is current and up-to-date.

Last name \_\_\_\_\_

Member #1 first name \_\_\_\_\_

Member #2 first name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_  Check box if no home phone

Cell number #1 (\_\_\_\_) \_\_\_\_\_ #2 (\_\_\_\_) \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

Date of Birth #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

Anniversary Date (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please see other side for Annual Commitment Form**

Mail completed form with payment or choose to pay online through our secure website.



## Basic Membership

- |   |        |
|---|--------|
| <input type="checkbox"/> Family Membership (Two or more living in the same household) | \$2600 |
| <input type="checkbox"/> Individual   | \$1400 |
| <input type="checkbox"/> *CKYA Couple   | \$ 720 |
| <input type="checkbox"/> *CKYA Individual   | \$ 360 |

The above fees include a Security Fee to help pay for security for all Congregation Kehillah onsite events including services and YEP!

**Your membership runs from July 1, 2024 – June 30, 2025**

and includes High Holy Day Tickets and YEP! for those with school age children.

\*Congregation Kehillah Young Adults (CYKA) is an effort to give “post college pre family” Young adults a synagogue to belong to and a community to join of like-minded peers.

No one is turned away due to financial hardship that precludes the ability to meet full dues commitments – we welcome you with open arms regardless of your financial situation!

You are welcome to contact us to discuss your individual situation and make special arrangements: (602) 369-7667 or [info@congregationkehillah.org](mailto:info@congregationkehillah.org). All conversations are strictly confidential.

## Kehillah Community Supporters (KCS)

**Please consider becoming a KCS member, by checking one of the three categories listed below. We thank you for your support.**

Kehillah Community Supporters (KCS) represent the financial pillars of our Kehillah (community), contributing beyond their basic membership commitment, helping to ensure our financial stability, safeguard our ability to retain staff, add additional clergy and staff as the need increases, and allow us to continue to deliver the high quality of care, programming, and services that you have come to know with Congregation Kehillah.

In addition, KCS helps to make certain that those who face financial challenges can still be members of our community, and those with children are able to raise them at Congregation Kehillah.

- |   |        |
|---|--------|
| <input type="checkbox"/> <i>Malach</i> (Angel)    | \$3600 |
| <input type="checkbox"/> <i>Manhig</i> (Leader)   | \$3280 |
| <input type="checkbox"/> <i>Shomer</i> (Guardian) | \$2960 |

**Your basic Membership Dues and Security Fee are included within the KCS program.**

**Please return this form with your check by July 15, 2024 or chose another option on page 3.**

**Congregation Kehillah, 21001 N Tatum Blvd, Ste 1630, #439, Phoenix, AZ 85050**

## Payment Options

Last name \_\_\_\_\_

Member #1 first name \_\_\_\_\_

Member #2 first name (if applicable) \_\_\_\_\_

- I/We are paying the full dues amount now. Payment is enclosed.
- I/We chose to pay our dues half now and the second half by December 31, 2024. The first payment is enclosed.
- I/We chose to pay our dues quarterly beginning on July 15, 2024 and payments due on October 15, 2024; January 15 and April 15, 2025. The first payment is enclosed.
- I/We chose to set-up payments through the secure website, [www.congregationkehillah.org](http://www.congregationkehillah.org), and understand that I/we will be charged an extra 3% to defray the credit card fees charged to Congregation Kehillah.

Signature \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

### For Office Use Only

Membership type \_\_\_\_\_

Date Payment Rec'd \_\_\_\_\_

Amount Paid \_\_\_\_\_

Paid by Check # \_\_\_\_\_

Paid by Credit Card      MC      Visa      Amex