



12353 8th Avenue Northeast, Seattle, WA 98125
Phone: (206) 547-3914 • office@kadima.org • www.kadima.org

KADIMA Membership Form, 2013-2014
for members without children enrolled in classes

New member: How did you hear about Kadima? _____

Adult 1 First and Last Name _____

Home address _____

City _____ ZIP _____ E-mail _____

Home phone (____) _____ Day phone (____) _____ Cell (____) _____

Occupation: _____ Birth date _____

Adult 2 First and Last Name _____

Home address _____

City _____ ZIP _____ E-mail _____

Home phone (____) _____ Day phone (____) _____ Cell (____) _____

Occupation _____ Birth date _____

Anniversary, if applicable _____

Family Information (if new to Kadima or information has changed):

Child: _____ Birth date: _____ Former Kadima student? ☐ Yes ☐ No

Child: _____ Birth date: _____ Former Kadima student? ☐ Yes ☐ No

Child: _____ Birth date: _____ Former Kadima student? ☐ Yes ☐ No

Yahrzeit (death anniversary) dates:

Name: _____ Date of Death: _____ Relationship: _____

Name: _____ Date of Death: _____ Relationship: _____

Name: _____ Date of Death: _____ Relationship: _____

Name: _____ Date of Death: _____ Relationship: _____

KADIMA Membership Registration 2013-2014

TOTAL MEMBERSHIP FEES 2013-2014:

Kadima believes strongly that membership should be available and accessible to all. No one will be turned away due to financial concerns. If the cost of the suggested membership pledge is a financial hardship for you, please communicate your needs to the Office Manager.

\$ _____ Recommended Membership Pledge is 1.5% of your 2012 gross household income. (Pledge an amount that is feasible for you. No one will be turned away.)

\$ _____ Tax Deductible Donation ☐ Add to invoice ☐ Enclosed

\$ _____ 35 Jewish Reconstructionist Movement annual dues

\$ _____ **TOTAL**

\$100 deposit, to be applied to your account—please return with this form.

Payment Plan:

☐ Bill me monthly ☐ Pay in full by September ☐ Credit card monthly by office ☐ Need to discuss a payment plan

To avoid credit card processing fees, Kadima prefers that you pay membership fees by check, or you can set up automatic bill payments.

Credit Card # _____ Exp. date ____ / ____ / ____

Name on card _____

KADIMA Involvement 2013-2014 ***VOLUNTEERS RULE!***

Kadima requires and depends upon 10 volunteer hours per year from each adult member.

Adult 1 name & initials:	Adult 2 name & initials:
Adult 3 name & initials:	Adult 4 name & initials:

Please indicate with your initials in two or three of the boxes below your volunteer choices that would probably add up to ten hours during the year. Thank you!

High Holidays	Sukkot	Chanukah party
Purim party	Community Passover seder	Tikkun olam (ideas & facilitators)
Annual auction & other fund raising	Kadima House - occasional cleaning	Advertising, public relations
Membership growth & marketing	Serve on Kadima Board	Office - occasional projects
Adult programming (ideas, publicity, and/or logistics)	Technology (web site & Facebook development & maintenance)	As needed! Pinch hitter!

Are you interested in a neighborhood Chavurah? ☐ YES ☐ NO (A chavurah is a group that shares a common connection and meets to socialize or to work toward a common goal.)

KADIMA MEMBERSHIP CONTRACT 2012-2013

MEMBER INVOLVEMENT EXPECTATIONS

I/We understand that Kadima relies heavily upon member involvement, and that in the absence of such involvement, Kadima cannot fully carry out its mission and programming. I/We agree that our household will contribute at least 20 hours per adult in our household during the year. **ALL MEMBERS ARE ASKED TO PARTICIPATE IN THIS PROGRAM.**

REFUND POLICY AND SCHEDULE

Membership is non-refundable.

PENALTIES FOR LATE PAYMENT

I/We will pay a \$35.00 charge for all checks returned by the bank for nonpayment. If payment needs to be deferred due to family financial changes, I/we agree to discuss this with the Kadima office **on or before the date payment is due**, and all late charges and interest may be waived. **Any fees outstanding from the previous year must be paid prior to the start of the new school year.**

PERMISSION FOR PHOTOGRAPHY AND PUBLICITY

_____ Please initial here to allow Kadima to put photographs of you that may appear in on the Kadima website or other publicity materials for educational and advertising purposes.

I support Kadima's values and agree to the terms of this enrollment form and contract as provided above.

Signature

Date

Signature

Date

Please sign this copy and return it to the office.

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Please detach this copy. It is for your records.