

# MEMBERSHIP CONTINUATION FORM

**RETURN THIS FORM BY AUGUST 1<sup>st</sup>**

This form and payments should be sent to:

**CKAF  
4880 Elmer Derr Road  
Frederick, MD 21703**

Member Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Contact: \_\_\_\_\_

(Check this box if this email address is different than the one on file with CKAF and our records need to be updated, as you will receive statements via this email address and not USPS.)

**My membership type is (check one):**

- Family Membership (\$1,800)**
- Young Family Membership (\$1,485)**
- Young Individual Membership (\$1,075)**
- Individual Membership (\$1,200)**
- Senior Individual Membership (\$1,075)**
- Single Parent Membership (\$1,250)**
- Senior Membership (\$1,620)**
- Associate Membership (\$835)**
- Keshet Membership (\$360)**

**My membership type has changed from the previous year. Last year my membership**

**was:** \_\_\_\_\_.

I am paying my 2023-2024 dues in full at this time via enclosed check or online.

I elect to make \_\_\_\_\_ payments (up to 10) between July 1, 2023 and May 31, 2024.

I would like to contribute \$\_\_\_\_\_ to Kol Ami's Membership Relief Fund to help families in need of assistance.

I would like to contribute \$\_\_\_\_\_ to the \_\_\_\_\_ Fund.

In the course of congregational activities, CKAF and/or the news media occasionally wish to interview, photograph or videotape adults and/or children and/or make public their names, work or likenesses in print, on tv, radio or by electronic means, such as the internet, for the purpose of public outreach and/or advertising. This includes, but is not limited to religious school and congregational events. Unless indicated otherwise below, we will assume your permission to do so. CKAF cannot control media coverage of events that are open to the public.

Preferred Printed Name(s) for media:

\_\_\_\_\_ I give permission  
\_\_\_\_\_ I do not give permission

Member Signature \_\_\_\_\_  
Date \_\_\_\_\_