

MEMBERSHIP CONTINUATION FORM

RETURN THIS FORM BY AUGUST 1st

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 (\$1,850)**
- Young Family Membership (\$1,535)**
- Young Individual Membership (\$1,125)**
- Individual Membership (\$1,250)**
- Senior Individual Membership (\$1,125)**
- Single Parent Membership (\$1,300)**
- Senior Membership (\$1,670)**
- Associate Membership (\$885)**
- Keshet Membership (\$410)**

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

was: _____.

I am paying my 2024-2025 dues in full at this time via enclosed check or online.

I elect to make _____ payments (up to 10) between July 1, 2024 and May 31, 2025.

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 _____