

CONGREGATION HAKAFA MEMBERSHIP FORM

Please complete this form and mail it to: Congregation Hakafa, P.O. Box 409, Glencoe, IL 60022.

FAMILY NAME: _____ DATE: ____/____/____
(This is the name we will use as your listing in our Membership Directory.)

Home Address	
City / State / Zip	
Home Phone	

	ADULT 1	ADULT 2
Last Name		
First Name		
Hebrew Name (if given)		
Maiden Name (if applicable)		
Birthdate	/ /	/ /
Email Address		
Cell Phone		
Occupation		
Employer		
Work Phone		
Wedding Date (if applicable)		

CHILDREN: (List all children. If married, include married name)

Name (First and Last)	Birthdate	Hebrew Name (if given)
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

EXTENDED FAMILY:

(List extended family in the same residence, including adult children)

Name	Relationship

RELATIVES AND/OR FRIENDS WHO ARE HAKAFA MEMBERS: _____

REFERRED TO HAKAFA BY: _____

FORMER SYNAGOGUE AFFILIATION (if any): _____

RELIGIOUS EDUCATION BACKGROUND:	
<small>(Did you become a Bar/Bat/B'nai Mitzvah? Were you confirmed? Where? When? What is your knowledge of Hebrew? Etc.)</small>	
ADULT 1	ADULT 2

SPECIAL TALENTS/INTERESTS/HOBBIES:	
ADULT 1	ADULT 2

VOLUNTEER ACTIVITIES/INTERESTS:	
ADULT 1	ADULT 2

**ADDITIONAL COMMENTS ABOUT WHAT YOU HOPE TO GAIN FROM HAKAFA MEMBERSHIP
AND/OR WHAT YOU MIGHT LIKE TO OFFER AS A MEMBER:**

Yahrzeit Observances

If you would like a loved one's name read at Shabbat Services on the yearly anniversary of his/her death, please provide the information below. Postcards are sent each month to remind you of an upcoming yahrzeit and to let you know on what Friday night it will be observed at Hakafa Shabbat Services.

Family Name: _____ Adult 1 Name: _____ Adult 2 Name: _____

Name:	
Relationship:	
Date of Death:	
Prefer to follow:	___ Hebrew Calendar ___ Secular Calendar

Name:	
Relationship:	
Date of Death:	
Prefer to follow:	___ Hebrew Calendar ___ Secular Calendar

Name:	
Relationship:	
Date of Death:	
Prefer to follow:	___ Hebrew Calendar ___ Secular Calendar

Name:	
Relationship:	
Date of Death:	
Prefer to follow:	___ Hebrew Calendar ___ Secular Calendar

Name:	
Relationship:	
Date of Death:	
Prefer to follow:	___ Hebrew Calendar ___ Secular Calendar

Name:	
Relationship:	
Date of Death:	
Prefer to follow:	___ Hebrew Calendar ___ Secular Calendar

* Please attach another sheet if you have more names to add. *

WEEKLY EMAIL ANNOUNCEMENTS

Each Wednesday morning, an email is sent to all Hakafa members with announcements for the week. We will send these weekly email announcements to all Hakafa adults (unless you instruct us otherwise).

Please provide the emails of any of your children (ages 16+) who would like to receive Hakafa Weekly Announcement emails and the monthly Newsletter:

MONTHLY NEWSLETTER AND ANNUAL DIRECTORY DELIVERY OPTIONS

Unless noted below, our Monthly Newsletter AND Annual Congregation Directory will be delivered to our members electronically (in place of a paper copy). In addition, the monthly newsletter will be posted on the Hakafa website.

Monthly Newsletter: _____ I prefer to receive a paper copy in place of an electronic copy of the Monthly Newsletter.

Congregation Directory: _____ I prefer to receive a paper copy of the Directory.

_____ I would like to receive BOTH a paper copy AND an electronic copy of the Directory.

NOTICE OF HAKAFA POLICY ON USE OF PERSONAL INFORMATION

Congregation Hakafa's newsletters, calendars, and other publications, which are posted on the Hakafa website at www.hakafa.org and may be reproduced on other sites or in other media and distributed in other ways, may contain notices and reports of meetings, events and activities; names and contact information for meeting hosts, committee chairs, participants and others; personal expressions, joyous occasions and losses; and other personal information. From time to time, photographs of participants at activities also are included in Hakafa's publications and social media accounts. In addition, members' names and contact information, and the names of any family members mentioned on your membership form, may be included in the Hakafa membership directory published annually and distributed to all members. "Personal information" means any identifying information or photographs concerning you or your family members. **Please note that the information included in the membership directory is provided to Congregation Hakafa members for use in Congregation Hakafa activities. Use for any other purposes is strictly prohibited.**

In consideration of your membership in Hakafa, you hereby consent, on behalf of yourself and your family members, for Hakafa to include your personal information in its publications and social media as described above. You and anyone acting on your behalf or on behalf of your family members hereby release Hakafa and all those acting on its behalf, indemnify and hold them harmless against, and waive any claims, obligations or liabilities of any kind or nature at any time arising directly or indirectly out of or in connection with the use of your personal information as described above.

Please only complete and sign this opt-out statement if you do NOT agree to the above consent and release.

Opt-Out Statement: To the extent possible, please do not include my personal information in Congregation Hakafa's future: _____ Membership Directories _____ Newsletters and other publications _____ Social Media

This request applies to the following Hakafa members in my family:

Please allow 30 days for handling. Hakafa cannot remove personal information from publications distributed prior to receipt of your request.

NOTE: Hakafa will make a reasonable effort to exclude from its future publications the personal information of any member who so requests, but we cannot be responsible for any inadvertent inclusion of such personal information.

Signed: _____ Date: _____

Please sign only if you do NOT agree to the above consent and release.

FINANCIAL COMMITMENT

Family Name: _____ Adult 1 Name: _____ Adult 2 Name: _____

- **Hakafa does no fundraising**, so we rely solely on the yearly financial commitments of our members to pay for the programs of our congregation.
- **Hakafa was founded with an expectation that budgeted expenses would be equal to the financial support of its members.** Dividing the total budget among the number of member units establishes the level of financial commitment that would sustain Hakafa's programs if every member unit paid the same amount. **The congregation set this sustaining amount at \$2,925 for 2023-2024.**
- Congregation membership includes **FREE Religious School/Hebrew School/High School**, as the education of our children is an integral part of the services we provide. Note that a separate school enrollment form must be filled out in order to participate.
- **We encourage our members to value our circle by providing the greatest level of financial support that they can.** Our bylaws state that all members should help "...in relation to their individual or family financial capabilities." **No one is denied a place in our Hakafa community because of financial concerns**, nor do we require disclosure of anyone's finances.
- **We rely on the generosity of members with greater financial resources to give above the sustaining amount** to ensure that we are able to run our congregation. Your extra help will be greatly appreciated.
- Whatever you give to Hakafa, we are grateful that you are part of our circle.

My/Our Financial Commitment for 2023-2024: \$ _____
(year ending May 31, 2024)

If you are unable to make any financial commitment, please enter "0" for the amount above.

PLEASE NOTE: A Financial Commitment Form must be received before you will be given tickets/access information for High Holiday Services or your child/ren can be registered in school. High Holiday Tickets/Access Information will be sent closer to the start of the High Holidays.



PAYMENT OF FINANCIAL COMMITMENT:

Financial Commitments must be paid in full by May 1, 2024.

You have the option of paying for your financial commitment either via check (personal or from a donor-advised fund/foundation), credit card, or ACH transfer.

If you would like to transfer stock for payment, please indicate so below, and we will contact you with details.

Please Note: There is a 3.52% fee per transaction if you pay by credit card and a 1.5% fee per transaction if you pay by ACH Transfer. There is NO fee if you pay by check.

FAMILY NAME: _____

Please let us know how you will be paying by completing one of the three sections below.

Payment/s by Check:

If paying by check, please select one of the following payment options:

(Checks should be made payable to "Congregation Hakafa.")

____ I have enclosed a personal check with my full financial commitment amount.

* Please check here if you will be having a check sent from your bank (instead of being enclosed): _____

____ A check for my full financial commitment amount will be sent from a donor advised fund or foundation.

____ I have enclosed a check with a portion of my financial commitment in the amount of \$ _____. For the remainder of my commitment, I will make ____ equal payments by check each in the amount of \$ _____.

* Please check here if you will be having a check sent from your bank (instead of being enclosed): _____

* Please note that your commitment should be paid in full by 5/1/24.

* Monthly statements will be sent via email until your entire commitment is paid.

Please check here if you prefer to have a paper statement sent via regular mail in place of email: _____

Payment/s by Credit Card:

If paying by credit card, please select one of the following two payment options:

____ Please charge my credit card for my full financial commitment amount + 3.52%.

* Please complete the attached Credit Card Authorization Form.

____ Please charge my credit card equal monthly payments (+ 3.52%) so that my financial commitment is paid in full by 5/1/24.

* Please complete the attached Credit Card Authorization Form.

* Monthly statements will be sent via email until your entire financial commitment is paid.

Please check here if you prefer to have a paper statement sent via regular mail in place of email: _____

Payment/s by ACH Transfer:

If paying by a transfer of funds from your bank, please select one of the following two payment options:

____ Please withdraw my full financial commitment amount + 1.5%.

* Please complete the attached ACH Transfer Authorization Form.

____ Please withdraw equal monthly payments (+ 1.5%) so that my financial commitment is paid in full by 5/1/24.

* Please complete the attached ACH Transfer Authorization Form.

* Monthly statements will be sent via email until your entire financial commitment is paid.

Please check here if you prefer to have a paper statement sent via regular mail in place of email: _____

Payment by Stock Transfer:

Please check here if you would like to transfer stock to pay your financial commitment, and we will contact you: _____

CREDIT CARD AUTHORIZATION FORM

Please complete the information below only if you will be paying your
2023-24 financial commitment with a credit card.

Please note that there is a 3.52% fee per transaction if you pay by credit card.

Card Type: ___Master Card ___Visa ___Discover ___American Express

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): ___ ___ / ___ ___ CVV: _____

Zip Code (from credit card billing address): _____

I authorize Congregation Hakafa to charge this credit card for the agreed upon amount/s (as specified on the previous pages). I understand that my information will be saved to file for any remaining 2023-24 financial commitment and/or school payments and will be kept secure and not shared with anyone beyond our Administrator. It will be destroyed no later than one year after all payments have been received.

Cardholder Signature: _____ Date: _____

ACH TRANSFER AUTHORIZATION FORM

Please complete the information below only if you will be paying your
2023-24 financial commitment by ACH Transfer from your bank account.

Please note that there is a 1.5% fee per transaction if you pay by ACH transfer.

Name on Account: _____

Bank Routing/ABA Number: _____

Account Number: _____

I authorize Congregation Hakafa to withdraw from this bank account the agreed upon amount/s (as specified on the previous pages). I understand that my information will be saved to file for any remaining 2023-24 financial commitment and/or school payments and will be kept secure and not shared with anyone beyond our Administrator. It will be destroyed no later than one year after all payments have been received.

Account Holder Signature: _____ Date: _____