

**MEMBERSHIP RENEWAL FORM**  
**JULY 1, 2021 - JUNE 30, 2022**



**PERSONAL INFORMATION – MEMBER ID #:**

NAME(S):  
 ADDRESS:  
 CITY / STATE / ZIP:  
 CELL PHONE(S):  
 EMAIL(S):

**Initial here to authorize** Kol Ami to auto-renew your dues every year at current rate with the same payment terms.

*Is your contact information correct? If not, when completing this form, please provide corrected information.*

**MEMBERSHIP**

<b>RABBIS CIRCLE</b>	<input type="checkbox"/> GOLD \$15,000+	<input type="checkbox"/> SILVER \$7,500 - \$14,999	\$
<b>STANDARD DUES</b>	<input type="checkbox"/> INDIVIDUAL \$1,714	<input type="checkbox"/> FAMILY \$2,545	\$
<b>GIBORIM (HEROES) CONTRIBUTION</b>	<input type="checkbox"/> Triple Chai \$5,400 - \$7,499	<input type="checkbox"/> Double Chai \$3,600 - \$5,399	\$
	<input type="checkbox"/> Chai \$1,800 - \$3,599	<input type="checkbox"/> Chesed \$500 - \$1,799	<input type="checkbox"/> Ahava \$100 - \$499
<b>SECURITY PROTECTION FEE (per household)</b>			\$ 100
<b>BUILDING MAINTENANCE FUND (per household)</b>			\$ 225
<b>TOTAL MEMBERSHIP (Dues + Security Protection + Building Maintenance)</b>			<b>\$</b>

**DONATIONS** *(please check all in which you want to participate)*

<input type="checkbox"/> Annual Shabbat Sponsor \$590	In honor/memory of:	\$
<input type="checkbox"/> Individual Shabbat* Sponsor \$150 *date chosen by you	On the following date:	
<input type="checkbox"/> Association of Reform Zionists of America (ARZA) [\$50 per household]		\$
<b>TOTAL DONATIONS</b>		<b>\$</b>
<b>GRAND TOTAL MEMBERSHIP + DONATIONS</b>		<b>\$</b>

**METHOD OF PAYMENT** Dues may be paid over a 10-month period by credit card.

**Please charge my credit card:**

Annually  Semi-Annually (**Jul 1 & Jan 1**)  Quarterly (**Jul 1, Oct 1, Jan 1, Apr 1**)  Ten monthly payments (starting **Jul 1**)

Include  Don't include *Convenience fee of 2.75% (0.0275) to help offset processing costs of your credit card payment.*

Credit Card No.: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

CVV No.: \_\_\_\_\_

Signature: \_\_\_\_\_

**I/We prefer to pay by check (enclosed) in the amount of \$ \_\_\_\_\_.**

Apply toward dues:  Annually  Semi-Annually (**Jul 1 & Jan 1**)  Quarterly (**Jul 1, Oct 1, Jan 1, Apr 1**)