

FAMILY

Children living at home:

Name: _____ Birth Date: _____ School/Grade: _____
 Name: _____ Birth Date: _____ School/Grade: _____
 Name: _____ Birth Date: _____ School/Grade: _____

Children out of home:

Name: _____ Age: _____ Cell: _____ Marital Status: _____
 Name: _____ Age: _____ Cell: _____ Marital Status: _____
 Name: _____ Age: _____ Cell: _____ Marital Status: _____

Other adults at home:

Name: _____ Relationship: _____
 Name: _____ Relationship: _____

Are there special needs in your family of which we should be aware?

Emergency Contact

Name: _____ Relationship: _____ Cell: _____

Yahrzeit Information

Name	Relationship	English Date of Death	After Sundown
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO
_____	_____	_____	YES / NO

Cemetery Information

<p>MEMBER A</p> <p><input type="checkbox"/> I have made arrangements at a cemetery</p> <p>Cemetery name/location: _____</p> <p><input type="checkbox"/> I have made other arrangements</p> <p>Please describe: _____</p>	<p>MEMBER B</p> <p><input type="checkbox"/> I have made arrangements at a cemetery</p> <p>Cemetery name/location: _____</p> <p><input type="checkbox"/> I have made other arrangements</p> <p>Please describe: _____</p>
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CONGREGATIONAL INVOLVEMENT

Our covenant of membership includes our members' involvement in the life and activities of the synagogue. Please check the box beside the activities in which you have interest. Partners may show different areas of interest by checking boxes designated for Member A and Member B.

<u>A</u> <u>B</u>	<u>A</u> <u>B</u>	<u>A</u> <u>B</u>	<u>A</u> <u>B</u>
<input type="checkbox"/> <input type="checkbox"/> Adult Education	<input type="checkbox"/> <input type="checkbox"/> Men of Kol Ami	<input type="checkbox"/> <input type="checkbox"/> Women of Kol Ami	<input type="checkbox"/> <input type="checkbox"/> Membership
<input type="checkbox"/> <input type="checkbox"/> Budget/Finance	<input type="checkbox"/> <input type="checkbox"/> SOVA Volunteer	<input type="checkbox"/> <input type="checkbox"/> Event/Gala Planning	<input type="checkbox"/> <input type="checkbox"/> Ritual
<input type="checkbox"/> <input type="checkbox"/> Caring Community/ Mitzvah Corps	<input type="checkbox"/> <input type="checkbox"/> Open Yad Project/ 20s-30s Program	<input type="checkbox"/> <input type="checkbox"/> Tzedek Council/ Social Action	<input type="checkbox"/> <input type="checkbox"/> Family Programs

MEMBERSHIP STRUCTURE

DUES AS A SOURCE OF FUNDING:

Congregation Kol Ami is a non-profit religious institution belonging to its membership. The primary source of funding for Kol Ami's programs is derived from the dues contributed by its members. The member leadership conducts the business affairs of the synagogue in consultation with Rabbi Eger and the Executive Director. Through careful planning and review, the costs of operation are held to a minimum and are comparable to similar costs of other congregations in urban areas throughout the country.

STANDARD:

Standard membership is \$1,664 for an individual and \$2,470 for a family. In addition, there is a \$100 per household Security Protection fee and a \$225 per household Building Maintenance Fund fee. Membership is for a one-year period, based on the synagogue's fiscal year which begins July 1 and ends June 30. Membership may be paid annually (July 1), semi-annually, quarterly, or over 10 months, starting July 1. Payment can be made by credit card (Visa, MasterCard, Discover, AMEX) or by check (*details on last page*). Anyone unable to pay the Standard membership must speak with a member of the Executive Committee to request dues relief.

GIBORIM (HEROES):

Members are asked to contribute the Standard dues and are encouraged to consider joining our enhanced dues program, Giborim. Members of the Giborim program will receive special recognition as well as the gratitude of our entire community. It is in keeping with Jewish tradition that one contributes in accordance with the material blessings she/he has received.

RABBI'S CIRCLE:

Our Rabbi's Circle is for members able to contribute \$7,500 or more a year and they are invited to exclusive events with our rabbis.

It is our greatest hope that all congregants elect to contribute more than the Standard dues, increasing their level of annual support. This generosity directly enables individuals and families with more limited resources to remain an integral part of the Kol Ami community and advance our mission as a progressive Reform congregation to pursue social justice, support Israel, and provide a diverse Jewish spiritual home.

LEGACY CIRCLE

AN INVITATION FROM KOL AMI'S LEADERSHIP:

We have established the Legacy Circle to honor and recognize members and friends who have remembered Kol Ami through their wills and trusts. We invite you to become a member of the Legacy Circle, helping to ensure the future of Congregation Kol Ami for generations to come. Help to secure the continued availability of our warm and nurturing sanctuary of acceptance and our commitments to Israel and the principals of social justice and diversity. The Legacy Circle will ensure that Kol Ami can generate enough income to maintain the synagogue for years to come. It will be one of your finest legacies.

MEMBERS WILL BE RECOGNIZED IN A VARIETY OF WAYS:

- Invitations to special gatherings, including dinner with Rabbi Eger and Rabbi Chaiken;
- Acknowledgement on the Legacy Circle plaque placed in the synagogue;
- Invitations to estate planning seminars.

TYPES OF BEQUESTS INCLUDE:

- Designating Kol Ami in your will or trust;
- Creating a charitable gift annuity;
- Donating your house or other property, continuing to live there, and receiving an immediate tax deduction.

"Great is the privilege of the philanthropist, for he or she awakens the good in the Jewish community. In as much as tzedakah is the Tree of Life, it saves us from death." - Zohar iii, 111a



MEMBERSHIP & DONATIONS

MEMBERSHIP

- STANDARD DUES: \$1,664 Individual \$2,470 Family
30 AND UNDER DUES: \$180 Individual \$360 Family
GIBORIM (HEROES) CONTRIBUTION: Triple Chai \$5,400 - \$7,499
RABBI'S CIRCLE: Gold \$15,000+ Silver \$7,500 - \$14,999
SECURITY PROTECTION FEE (per household) \$ 100
BUILDING MAINTENANCE FUND (per household) \$ 225

TOTAL MEMBERSHIP (Dues + Giborim Contribution + Security Protection + Building Maintenance) \$

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

Men/Women of Kol Ami Association of Reform Zionists of America
Annual Shabbat Online Sponsor In honor/memory of:
Individual Shabbat* Online Sponsor On the following date(s):
Memorial Plaque I/We would like to memorialize my/our loved one(s).

METHOD OF PAYMENT (dues may be paid over a 10-month period by credit card)

Please charge my credit card:
Annually (Jul 1) Semi-Annually (Jul 1 & Jan 1) Quarterly (Jul 1, Oct 1, Jan 1, Apr 1) Ten monthly payments (starting Jul 1)

Credit Card No.: Expiration Date:

Billing Zip Code: CVV No.:

Signature:

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

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

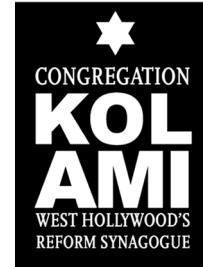
Member A Signature Member B Signature Date

By signing this application, you ("Member A & Member B") authorize Kol Ami to auto-renew your standard dues every year.

By signing this application, you ("Member A & Member B") hereby grant permission to Congregation Kol Ami to use photographs and/or video of you in publications, news releases, online, and in any other communications related to the mission of Congregation Kol Ami.

For questions, please contact Kol Ami's office at 323.606.0996

CONGREGATION KOL AMI MEMBERSHIP APPLICATION FY 2020-21



1200 N. La Brea Ave.
W. Hollywood, CA 90038
www.kol-ami.org

We are delighted you have decided to join our family. We are a progressive Reform Jewish congregation founded in 1992 affiliated with the Union of Reform Judaism.

To further your full involvement in the life of the congregation, we ask you to complete this application form. The data you share remains completely confidential.

Thank you. We look forward to welcoming you as a member of Congregation Kol Ami.

Please Print Legibly

PERSONAL INFORMATION

Date: _____

MEMBER A MEMBER B
Title:
Last Name:
First Name: MI:
Home Address:
City: State: Zip:
Phone (Cell):
Phone (Work):
Email Address:
DOB: Anniversary:
Pronouns:
Occupation:
Name of Company:
Bus. Address:
City: State: Zip:
Last school attended: Date:
Degree:

Please submit a photo via email to reception@kol-ami.org (for internal purposes only)

JEWISH/HEBREW BACKGROUND

Prev. Synagogue Affiliation:
Board Member Committee Member
Bar/Bat Mitzvah Yes No Date:
Synagogue/Location:
Confirmed: Yes No
Jewish Organizational Involvement:
Read Hebrew Speak Hebrew Chant Hebrew
Hebrew Name: