



**Congregation Kol Ami**

**2023-2024 Associate Dues Commitment Form**

NAME: \_\_\_\_\_

Account # \_\_\_\_\_

DUES CATEGORY: Associate

**Minimum Dues Commitment for Associate Members is \$500**

**PLEASE CONSIDER AN INCREASED COMMITMENT – IT’S A MITZVAH!**

Write in your total **DUES** commitment below:

**2023/2024 Dues Commitment**

\$ \_\_\_\_\_

Please promptly return your completed form to the synagogue office (you may want to make a copy for your own records). You may mail to Kol Ami or drop off at the office (using the enclosed confidential envelope). You may also email a “signed copy” to [execdirector@kolami.org](mailto:execdirector@kolami.org) or fax to (813) 968-2219 (confidentiality not guaranteed when faxed).

Associate Members will be billed in one installment on August 1, 2023.

Associate Membership is only offered to those who are regular members in good standing at another synagogue. This category of membership does not include a right to any clergy services outside of regular synagogue worship or other benefits of regular members. Please provide the name, address and phone number of the synagogue of which you are a regular member:

\_\_\_\_\_  
\_\_\_\_\_

If you wish to change your membership from Associate to a full membership, please contact the office and the appropriate paperwork will be forwarded to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date