

2021 MEMBERSHIP 2022 REGISTRATION



CONGREGATION
KOL AMI
FOR ALL OUR PEOPLE

Thank you for joining us as a member. Please fill out this form and return to the office or email it to info@conkolami.org. Todah Rabbah!

For office use only Date Received: _____ Received By: _____

ADULTS — PERSONAL INFORMATION

Adult 1 Private

Adult 2 Private

Unless marked private, contact information will be published in our membership directory.

| | | |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name | | |
| Last Name | | |
| Hebrew Name w/Parents* | | |
| Preferred Pronouns | | |
| Street Address | | |
| City, State, ZIP Code | | |
| Home Phone # | | |
| Cell Phone # | | |
| Work Phone # | | |
| Email Address | | |
| Date of Birth | | |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> N/A | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> N/A |
| Wedding Anniversary | | |
| I am Jewish | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other |
| Profession/Occupation | | |
| Preferred Communication | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail |
| Opt Out of Photos Being Published | <input type="checkbox"/> Opt Out | <input type="checkbox"/> Opt Out |

DEPENDENT CHILDREN — PERSONAL INFORMATION

Child 1

Child 2

Child 3

Child 4

Children's information will not be published in our membership directory. If enrolling in Religious School, please complete separate Religious School Enrollment form.

| | | | | |
|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| First Name | | | | |
| Last Name | | | | |
| Hebrew Name w/Parents* | | | | |
| Preferred Pronouns | | | | |
| Date of Birth | | | | |
| Current Grade | | | | |
| Opt Out of Photos Being Published | <input type="checkbox"/> Opt Out | <input type="checkbox"/> Opt Out | <input type="checkbox"/> Opt Out | <input type="checkbox"/> Opt Out |

*If you need assistance with your Hebrew name, please contact the Rabbi at rabbi@conkolami.org and he will happily assist you.

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VOLUNTEER INTERESTS

- | | | | |
|-----------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Facilities | <input type="checkbox"/> Mitzvah Network | <input type="checkbox"/> Security |
| <input type="checkbox"/> Budget / Finance | <input type="checkbox"/> Fundraising / Development | <input type="checkbox"/> Office Support | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Preschool | <input type="checkbox"/> Torah / Haftarah Reading |
| <input type="checkbox"/> Communications / Marketing | <input type="checkbox"/> Kiddush / Oneg | <input type="checkbox"/> Programming / Celebrations | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Dinner At The Shul | <input type="checkbox"/> Library | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Youth Department |
| <input type="checkbox"/> Esther's Garden | <input type="checkbox"/> Membership / Engagement | <input type="checkbox"/> Religious School | |

Programs you would like to see: _____

HELP US UNDERSTAND YOU AND YOUR FAMILY BETTER

Why did you join Congregation Kol Ami?

Tell us about your Jewish background:

YAHARZEIT INFORMATION

| English Name | Hebrew Name | Relationship | English or Hebrew Date of Death* |
|--------------|-------------|--------------|---------------------------------------|
| | | | <input type="checkbox"/> After Sunset |
| | | | <input type="checkbox"/> After Sunset |
| | | | <input type="checkbox"/> After Sunset |
| | | | <input type="checkbox"/> After Sunset |

*Please note if time of death was before or after sunset.

MEMBERSHIP TYPE AND DUES

The following membership options and dues are for the 2021 – 2022 / 5782 year.

MEMBERSHIP TYPES (please select single or family and one other category)

- Single** (a single Jewish adult, 18+, without dependents)
- Family** (at least one Jewish adult and his/her dependents under the age of 18)
- New Member
- Age 20 – 29
- Age 30 – 34
- Full Time Student
- Military Member
- K'rov Yisrael (no voting rights)
- Dual Member (maintains full-paid membership with another synagogue)
 - Chavurah B'Yachad
 - Other URJ or USCJ synagogue: _____

| Type of Membership | Family Rate | Single Rate |
|------------------------------------|-------------|-------------|
| Regular Membership | \$2,040 | \$1,250 |
| New Member (first year only) | \$1,300 | \$950 |
| Ages 20 – 29 | \$750 | \$375 |
| Ages 30 – 34 | \$1,375 | \$850 |
| Full Time Student | \$280 | \$160 |
| Military Member | \$400 | \$400 |
| K'rov Yisrael | \$750 | \$550 |
| Dual Member with CBY | \$1,375 | \$850 |
| Dual Member with another synagogue | \$1,250 | \$750 |

Additional fees: Mortgage Assessment (\$120 per year), Building Maintenance Fee (\$150 per year or one-time \$1,500), and Security Fee (\$100 per year).

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PAYMENT CALCULATIONS

All payments must be completed on or before June 30, 2022.

| Description | Amount \$ | Total Amount \$ |
|---------------------------------------------------------------------------------------------------------------------|-------------------|-----------------|
| Membership Dues (based on previous page membership type) | | |
| Mortgage Assessment (yearly fee) | \$120 | |
| Building Maintenance Fee (\$150 per year or one time \$1,500) | \$150 | |
| Security Fee (yearly fee) | \$100 | |
| KAJY (3rd – 12th Grades) | \$75 per child | |
| Synagogue Adult Clubs <input type="checkbox"/> Sisterhood <input type="checkbox"/> Kol Amigos | \$36 each | |
| Donation to help a family who is unable to afford dues | | |
| High Holiday Appeal for 5782 <input type="checkbox"/> General Fund <input type="checkbox"/> Religious School | | |
| Early Bird Special (return by May 31, 2021) | -\$100 per family | |

MEMBER PAYMENT AGREEMENT

In order to receive High Holiday tickets and to help ensure Congregation Kol Ami's continued fiscal stability and assist members to budget accordingly, I agree to pay my balance on the following terms below:

- Pay In Full
- Pay in monthly installments
- Pay in quarterly installments
- Other (must be approved in advance by Danny Burman or Rabbi Samuel L. Spector)

| | | |
|---------------------------------------------------------------------|--|--|
| Synagogue Subtotal | | |
| Religious School Subtotal (taken from Religious School form) | | |
| 3% Convenience Fee (to cover credit card costs) | | |
| GRAND TOTAL \$ | | |

PAYMENT INFORMATION

Member Signature: _____ **Date (MM/DD/YY):** _____

This signature affirms that I will make payments as noted above, and if I selected a credit card payment, I authorize Congregation Kol Ami to charge my credit card (listed below) for any outstanding balances per the selected payment frequency. Furthermore, this signature affirms my continuing membership in Congregation Kol Ami. Congregation Kol Ami will bill me each fiscal year (July 1st – June 30th) and it is my responsibility to notify the synagogue if I wish to end my membership or change my payment method. Per this agreement, I am responsible for paying all due up to the date I cancel my membership. Members will be notified about changes in membership dues.

Full Name (Print): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Phone Number: _____

- Cash** **Check** (payable to Congregation Kol Ami) **Credit Card** Visa Mastercard Discover American Express
 Include 3% Convenience Fee (to cover credit card costs)

Card Number: _____

Expiration Date (MM/YY): _____ Security Code (3 or 4 digits): _____

Cardholder Signature: _____ Date (MM/DD/YY): _____

Note: To protect your confidentiality, Congregation Kol Ami does not store credit card numbers after they have been entered into the payment processing system. Please enter the current credit card you would like to use for your payment and if it expires prior to the end of your payment schedule, make sure to provide a current card to the billing office as soon as your card is renewed.

- I would like to receive a confidential application for dues reduction and/or Religious School scholarship

SUBMIT FORM