

2020 MEMBERSHIP 2021 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		
Street Address		
City, State, ZIP Code		
Home Phone #		
Cell Phone #		
Work Phone #		
Email Address		
Date of Birth	<input type="checkbox"/> After Sunset	<input type="checkbox"/> After Sunset
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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		
Relation to other CKA Members		
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

DEPENDENT CHILDREN — PERSONAL INFORMATION

Child 1

Child 2

Child 3

Child 4

Children's information will not be published in our membership directory. Please complete separate Religious School and KAJY forms.

First Name				
Last Name				
Hebrew Name w/Parents				
Date of Birth	<input type="checkbox"/> After Sunset	<input type="checkbox"/> After Sunset	<input type="checkbox"/> After Sunset	<input type="checkbox"/> After Sunset
Current Grade				

YAHARZEIT INFORMATION

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

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

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VOLUNTEER INTERESTS

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Esther's Garden | <input type="checkbox"/> Kiddush / Oneg | <input type="checkbox"/> Religious Practices |
| <input type="checkbox"/> Babysitting / Child Care | <input type="checkbox"/> Family Programming | <input type="checkbox"/> Library | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Building and Ground Maintenance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership / Engagement | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Mitzvah Network | <input type="checkbox"/> Torah / Haftarah Reading |
| <input type="checkbox"/> Communications / Marketing | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Office Support | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Dinner At The Shul | <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Religious School | <input type="checkbox"/> Youth Department |

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:

Additional comments?

MEMBERSHIP TYPE AND DUES

The following membership options and dues are for the 2020 – 2021 / 5781 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)
- Age 20 – 29
- Age 30 – 34
- Student (full-time)
- New Member
- K'rov Yisrael (no voting rights)
- Dual Member (maintains full-paid membership with another Synagogue)
 - Other URJ or USCJ synagogue: _____
 - Chavurah B'Yachad

Type of Membership	Family Rate	Single Rate
Regular Membership	\$1,940	\$1,185
Ages 20 – 29	\$710	\$360
Ages 30 – 34	\$1,385	\$720
Student (full-time)	\$270	\$150
New Member (first year)	\$1,235	\$895
Dual Member with another synagogue	\$1,185	\$710
Dual Member with CBY	\$1,305	\$815
K'rov Yisrael	\$720	\$515

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, 2021.

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)	\$100 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 5781 <input type="checkbox"/> General Fund <input type="checkbox"/> Religious School		

Our 5781 High Holiday Appeal begins July 1st

Each donation will be doubled thanks
to our generous matching angels!

Please contact us to discuss
your contribution.

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

Requested Payment Schedule In Full Bi-yearly Quarterly Monthly

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 (offset Synagogue costs by choosing to pay the convenience fee)

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