

Congregation Kol Chaverim – Application for Membership 2021-2022

Membership Categories (Please select desired membership level):

- ☐ Full-time College Student - \$54/year
- ☐ Independent (Single Adult to aged 29 no dependents) - \$230/year
- ☐ Independent - (Ages 30 to 64) - No Dependents - \$460/year
- ☐ Independent - (Ages 65 and over) - No Dependents- \$418/year
- ☐ Independent - (Ages 30 to 64) - With Dependents - \$818/year
- ☐ Independent - (Ages 65 and over) - With Dependents - \$718/year
- ☐ Married Couple - (Ages 30 to 64) - No Dependents - \$818/year
- ☐ Married Couple - (Ages 65 and over) - No Dependents - \$718/year
- ☐ Family – (dependents under age 19 or full time student or any age if disabled) - \$1,054/year
- ☐ Legacy Member - \$1,800 / year
- ☐ Out of Area Family – (Resident outside of Palm Beach, Broward, Miami Dade) - \$288 / year



Dependent Families of Active Duty Military (US or Israeli) are always welcome in thanks for your service.

Membership is voluntary. Please consider making an additional donation beyond your membership contribution. Our success depends on your commitment and support. Membership does not include the costs associated with lifecycle events, funeral assistance costs, or religious education. These costs are paid directly to the professionals rendering the service on a “fee for service” basis. Membership entitles you to participate in any fee-for-service events at a member rate, take advantage of negotiated fee-for-service clergy rates for lifecycle events, and vote for the leadership of our synagogue. All donations, including membership commitments are tax deductible.

Please complete the following:

Adult (18+) Members in the Household

Last Name, First Name

Last Name, First Name

Birthdates/Anniversary/etc. _____

Other Members of the Household:

| Last Name, First Name | Hebrew Name (if known) | Birthdate | Student?(y/n) |
|-----------------------|------------------------|-----------|---------------|
|-----------------------|------------------------|-----------|---------------|

| | | | |
|-----------------------|------------------------|-----------|---------------|
| Last Name, First Name | Hebrew Name (if known) | Birthdate | Student?(y/n) |
|-----------------------|------------------------|-----------|---------------|

| | | | |
|-----------------------|------------------------|-----------|---------------|
| Last Name, First Name | Hebrew Name (if known) | Birthdate | Student?(y/n) |
|-----------------------|------------------------|-----------|---------------|

If additional space needed please attach another page.

Home Address: _____

Mailing Address (if different): _____

Home Phone: _____

Other Phone: _____

Email Address: _____

Other Email: _____

Membership applies for up to 2 adults in a household, and their dependent children who are not old enough to be eligible for their own membership, or who are enrolled as full-time students under age 25. Membership is open to all persons, subject to the Bylaws of the congregation. Members must be Jewish (by the standards of the Rabbinical Assembly for Conservative Judaism) to be a leader in any ritual or service or to hold an office of the Congregation. Members who identify as Jewish but do not meet the standards will need to consult with a Rabbi acceptable to the congregation to determine what steps should be taken to allow full participation, if so desired. Membership extends from May 1 to the following April 30.

☐ Yes ☐ No All prospective members listed on this form identify as Jewish persons.

If no, please list the prospective members who do not identify as Jewish: _____

At this time, the Rabbinical Assembly for Conservative Judaism applies the following standards:

Born Jewish – the birth mother of the prospective member is Jewish

Jewish by Choice – A prospective member who was not born Jewish but has undergone conversion to Judaism in a manner acceptable to the Rabbinical Assembly for Conservative Judaism.

☐ Yes ☐ No ☐ Unsure All prospective members listed on this form meet the above described standards of being Jewish.

If no, please list the prospective members who do not/may not meet the above standards (this person may be limited in certain ritual practice occurring within synagogue-privacy is respected). _____

Please identify any areas of interest that the prospective members would consider volunteering for:

☐ Membership ☐ Fundraising ☐ Community Action ☐ Ritual ☐ Finance ☐ Education

☐ Other _____

Please let us know how to expect your membership dues to arrive:

☐ I'm mailing you a check with my application to the synagogue mailing address at:

**Congregation Kol Chaverim
PO Box 292083
Davie, FL 33329**

☐ I'm mailing in the application (or scanning and emailing it to rlbrowdy.books@kolchaverim.org. I'll be making my membership payment online through the Donate tab (<https://www.kolchaverim.org/payment.php>) at [kolchaverim.org](https://www.kolchaverim.org)

☐ I'm going to pay my dues over time (3 payments / 6 payments / 10 payments) by check or online.

I (we) certify that the above is true and correct, and I (we) would like to be members of Congregation Kol Chaverim.

Signature of Adult #1

Signature of Adult #2