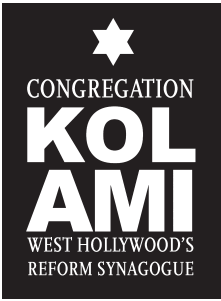


# CONGREGATION KOL AMI MEMBERSHIP APPLICATION



We are delighted you have decided to join our family. We are a progressive Reform Jewish congregation founded in 1992, respected for our commitment to social justice, while warmly embracing and nurturing the spiritual, educational, and familial needs of our diverse community. We welcome gay, lesbian, bisexual, and straight people, their loved ones, families, and friends.

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. This information helps us gather an accurate profile of our membership and thus enables us to more efficiently plan for our present and future programs.

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

Please Type or Print Legibly

Date \_\_\_\_\_

## PERSONAL INFORMATION

### MEMBER A

Last Name \_\_\_\_\_  
First \_\_\_\_\_ MI \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_  
Phone (work) \_\_\_\_\_  
Phone (cell) \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing address (if different) \_\_\_\_\_  
Email address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of company \_\_\_\_\_  
Bus. address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Student  Retired  Other \_\_\_\_\_  
Last school attended \_\_\_\_\_ Date \_\_\_\_\_  
Degree \_\_\_\_\_

### MEMBER B

Last Name \_\_\_\_\_  
First \_\_\_\_\_ MI \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_  
Phone (work) \_\_\_\_\_  
Phone (cell) \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing address (if different) \_\_\_\_\_  
Email \_\_\_\_\_ DOB \_\_\_\_\_ Anniversary \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of company \_\_\_\_\_  
Bus. address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Student  Retired  Other \_\_\_\_\_  
Last school attended \_\_\_\_\_ Date \_\_\_\_\_  
Degree \_\_\_\_\_

## JEWISH/HEBREW BACKGROUND

Prev. Synagogue Affiliation \_\_\_\_\_  
 Board member  Committee member  Religious school teacher  
Bar/Bat Mitzvah Where/Date \_\_\_\_\_  
Confirmed  yes  no  
Jewish Youth Group Involvement \_\_\_\_\_  
Jewish Organizational Involvement \_\_\_\_\_  
 Read Hebrew  Speak Hebrew  Chant Hebrew  
Hebrew Name \_\_\_\_\_

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Bar/Bat Mitzvah Where/Date \_\_\_\_\_  
Confirmed  yes  no  
Jewish Youth Group Involvement \_\_\_\_\_  
Jewish Organizational Involvement \_\_\_\_\_  
 Read Hebrew  Speak Hebrew  Chant Hebrew  
Hebrew Name \_\_\_\_\_

## FAMILY

### *Children living at home:*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School/Grade \_\_\_\_\_ e-mail \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School/Grade \_\_\_\_\_ e-mail \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ School/Grade \_\_\_\_\_ e-mail \_\_\_\_\_

### *Children away:*

Name \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_ Marital Status \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_ Marital Status \_\_\_\_\_

### *Other adults at home:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Is there someone in your household who is not a member of our congregation? \_\_\_\_\_

Relationship \_\_\_\_\_ Jewish/other \_\_\_\_\_

## Yahrzeit Information

Name	Relationship	Date of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Cemetery Information

### MEMBER 1

I have made arrangements at a cemetery

Cemetery name/location \_\_\_\_\_

I have made other arrangements

Please describe \_\_\_\_\_

I have not made other arrangements

I would like to be contacted about funeral/cemetery programs.

### MEMBER 2

I have made arrangements at a cemetery

Cemetery name/location \_\_\_\_\_

I have made other arrangements

Please describe \_\_\_\_\_

I have not made other arrangements

I would like to be contacted about funeral/cemetery programs.

## CONGREGATIONAL INVOLVEMENT

Our covenant of membership includes our members' involvement in the life and activities of the Temple. Please place a check beside the committees in which you have some interest. Partners may show different areas of interest by checking boxes designated for Members A and B:

<b>A B</b> <input type="checkbox"/> <input type="checkbox"/> Adult Education <input type="checkbox"/> <input type="checkbox"/> Budget/Finance <input type="checkbox"/> <input type="checkbox"/> Temple office volunteer <input type="checkbox"/> <input type="checkbox"/> Development	<b>A B</b> <input type="checkbox"/> <input type="checkbox"/> Chesed <input type="checkbox"/> <input type="checkbox"/> Ambassador Program <input type="checkbox"/> <input type="checkbox"/> Membership <input type="checkbox"/> <input type="checkbox"/> Ritual	<b>A B</b> <input type="checkbox"/> <input type="checkbox"/> Newsletter/Koleinu <input type="checkbox"/> <input type="checkbox"/> Public Relations <input type="checkbox"/> <input type="checkbox"/> Religious School <input type="checkbox"/> <input type="checkbox"/> Men of Kol Ami	<b>A B</b> <input type="checkbox"/> <input type="checkbox"/> Social Action <input type="checkbox"/> <input type="checkbox"/> Choir <input type="checkbox"/> <input type="checkbox"/> Ushering <input type="checkbox"/> <input type="checkbox"/> Women of Kol Ami
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## DUES PLAN

### 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 the congregation's programs is derived from the dues contributed by its members. The member leadership conducts the business affairs of the Temple in consultation with the Rabbi and the Temple Administrator. 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.

### DUES STRUCTURE:

Our current dues model consists of Standard Dues for all members with an Enhanced Dues Program (*Giborim* – Heroes) for congregants able to supplement Standard Dues. Standard Dues are \$1,250 for individuals and \$1,900 for families.

Dues are for a one-year period, based on the Temple's fiscal year which begins July 1 and ends June 30. Dues may be paid in advance, quarterly, semi-annually, or over 10 months; payment by credit card (VISA, MasterCard, Discover, AMEX) is available.

It is recognized that not all members are equally able to commit financially. Anyone unable to meet the standard dues must speak with the Temple Administrator to request dues relief.

### GIBORIM — HEROES:

Members are asked to contribute the Standard Dues and are encouraged to consider joining our Enhanced Dues/*Giborim* Program. 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. This is also our covenant of membership.

It is our greatest hope that all Congregants elect to contribute more than the standard rate. 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.

## STANDARD MEMBERSHIP DUES

■ \$1,250 Individual

■ \$1,900 Families

## GIBORIM – HEROES

Giborim Members make an additional gift with their Standard Membership Dues.

Membership fees and additional contributions are tax-deductible to the fullest extent of the law.

Each advancing giving level receives the benefits of the previous level.

<u>Level</u>	<u>Additional Amount</u>
■ Chesed (“Kindness & Goodness”)	\$500 to \$1,799
■ Chai (“Life”)	\$1,800 to \$3,599
■ Double Chai	\$3,600 to \$5,399
■ Triple Chai	\$5,400 to \$9,999
■ *Seraphim (“Order of Angels”)	\$10,000 and above

*\*Seraphim includes: Annual Membership Dues, Annual Oneg Sponsorship, 2 Tickets to the annual Gala and Men Of Kol Ami (MOKA) or Women Of Kol Ami (WOKA) membership*

**All Giborim receive an Invitation to a Giborim Recognition Event and Prominent Donor Recognition**



**MEMBERSHIP & SUPPLEMENTAL CONTRIBUTIONS**

**STANDARD MEMBERSHIP DUES:**       \$1,250 Individual or  \$1,900 Families      \$ \_\_\_\_\_

**GIBORIM – HEROES** *Please indicate your additional contribution level:*

- Chesed (“Kindness & Goodness”), \$500 to \$1,799 (in addition to Standard Membership Dues)
- Chai (“Life”), \$1,800 to \$3,599 (in addition to Standard Membership Dues)
- Double Chai, \$3,600 to \$5,399 (in addition to Standard Membership Dues)
- Triple Chai, \$5,400 to \$9,999 (in addition to Standard Membership Dues)
- Seraphim (“Order of Angels”), \$10,000 (includes Standard Membership Dues)

**ADDITIONAL GIBORIM CONTRIBUTION:**      \$ \_\_\_\_\_

**TOTAL MEMBERSHIP AND GIBORIM CONTRIBUTIONS:**      \$ \_\_\_\_\_

**SUPPLEMENTAL MEMBERSHIP AND SPONSORSHIP OPPORTUNITIES:**

**ONEG**       I/we would like to be an Annual Oneg Sponsor (\$425)      \$ \_\_\_\_\_

I/we would like to sponsor \_\_\_ Oneg Shabbat this year (\$80 each)      \$ \_\_\_\_\_

*On the following dates:* \_\_\_\_\_

*In honor/memory of:* \_\_\_\_\_

**FLOWERS**       I/we would like to sponsor \_\_\_ Shabbat flower displays (\$175 each)      \$ \_\_\_\_\_

*On these dates:* \_\_\_\_\_

*In honor/memory of:* \_\_\_\_\_

**BUILDING FUND**       I/we would like to make a pledge to the Building Fund      \$ \_\_\_\_\_

*In honor/memory of:* \_\_\_\_\_

**MEMORIAL PLAQUE**       I/we would like to memorialize my/our deceased loved one(s) (\$650 each)      \$ \_\_\_\_\_

*Name of Deceased* \_\_\_\_\_

*English date of death* \_\_\_\_\_ *After Sundown* \_\_\_\_\_

**MEN OF KOL AMI**       I/we would like to join Men of Kol Ami (\$35 per person, annually)      \$ \_\_\_\_\_

**WOMEN OF KOL AMI**       I/we would like to join Women of Kol Ami (\$35 per person, annually)      \$ \_\_\_\_\_

**ARZA (see description below):**       I/We want to support ARZA (\$36 per household, annually)      \$ \_\_\_\_\_

ARZA is the Zionist arm of the Reform Movement & affiliate of the URJ, serving 1.5 million Reform/Progressive Jews. By donating, you can support ARZA & a progressive & inclusive vision of Judaism & Zionism here & in Israel.

**SUPPLEMENTAL CONTRIBUTIONS:**      \$ \_\_\_\_\_

**TOTAL MEMBERSHIP/GIBORIM CONTRIBUTIONS & SUPPLEMENTAL CONTRIBUTIONS:**      \$ \_\_\_\_\_

**METHOD OF PAYMENT** *(NOTE: Dues may be paid over a 10 month period)*

**Congregation Kol Ami greatly appreciates automatic payments.**

Please charge my credit card:       Annually       Semi-annually       Quarterly       Ten month payment

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Billing Zip Code (for the credit card) \_\_\_\_\_ Three-digit CVV number on back of credit card \_\_\_\_\_

I/We prefer to pay by check (enclosed) in the amount of \$ \_\_\_\_\_ to be applied toward:       Annual       Semi-annual       Quarterly Dues

\_\_\_\_\_  
Member A Signature

\_\_\_\_\_  
Member B Signature

\_\_\_\_\_  
Date