

CONGREGATION KOL AM

Membership Application

Membership Name: _____
(Ex.: Susan and Alan Goldfarb)

Mailing Address _____
City State Zip

Home Phone: _____ Emergency Cell: _____

Emergency Contact (Name & Telephone #): _____

Primary Member Information

	Member #1	Member #2
Title (Mr./Mrs./Ms./Dr./Hon./etc.)		
First Name		
Last Name		
Gender (M/F)		
Marital Status		
Birthdate (mm/dd/yy)		
Wedding Anniversary		
E-Mail Address		
Occupation		
Business Telephone Number		
Mobile Telephone Number		
Fax Number		
Can you read Hebrew (Y/N)?		
Hebrew Name		
1. Current or previous Congregational Affiliation (please specify). 2. Have you fulfilled your financial obligation? 3. Have you completed a building fund at a previous congregation?		
How did you hear about Congregation Kol Am?		

Children Information

	Child #1	Child #2	Child #3	Child #4
First Name				
Last Name				
Birthdate (mm/dd/yy)				
Hebrew Name				
Previously Attended Hebrew School (Y/N)?				
Bar/Bat Mitzvah (Y/N)?				
Confirmed (Y/N)?				
Grade in School 9/09				
If married:				
Name of Spouse				
Anniversary (mm/dd/yy)				

Yahrzeits

Name	Date

Please continue on page 3

Congregational Involvement

We encourage all members of the Congregation to take an active part in Temple Life. Please place a check next to any activity that interests you. Please check one or more committees that interest you. (Respond for member #1 and member #2)

Committees	#1	#2	Activities	#1	#2
Adult Education			Book Group Discussion		
Building and Grounds			Current Events Group		
Caring Community			Holiday Celebrations		
Adult Chavurah – Social events			Learning Hebrew & Judaica		
Finance			Leading Youth Services		
Fundraising			Renaissance (ages 50+)		
Long Range Planning			Singles		
Membership			Social Action Activities		
Newsletter			Social Events – Adult Chavurah		
Publicity			Teaching in our School		
Religious School			Temple Choir		
Ritual			Torah Study		
Social Action			Tot Shabbat		
Youth Activities			Ushering		

Skills

Skills, Hobbies, Interests	#1	#2	Skills, Hobbies, Interests	#1	#2
Accounting			Marketing		
Acting			Medical		
Carpentry			Musical Instruments (Please list below)		
Clerical - Office Volunteer					
Cooking			Photography		
Computer/Technical			Plumbing		
Crafts			Public Relations/Publicity		
Design/Graphical artist			Retail		
Electrical Work			Social Services		
Not-For-Profit			Story-telling		
Gardening			Teaching/Education		
Landscape Design			Other (Please list below):		
Languages (Please list below):					

Please turn over to Payment Options

Payment Options

Please check one

- Annual: Due upon receipt of application
- Quarterly: Due July 1, October 1, January 1, April 1
- Monthly

I/we herewith make application for membership in Congregation Kol Am and do agree to conform to its Constitution and By-Laws and all rules and regulations of the Temple. I/We agree to pay annual membership dues, as established by Congregation Kol Am, and all other fees, tuition and pledges as may be required in a timely fashion.

_____ Member #1

_____ Member #2

_____ Date

_____ For Office Use Only

Membership Status: _____

Date Joined Temple: _____

Initial Payment Received:

Date: _____

Amount: \$ _____