

Congregation Kol Ami

Membership Registration

2017-2018/5778

Name _____

CONGREGATION KOL AMI OFFICE PHONE: 801-484-1501
 2425 EAST HERITAGE WAY FAX: 801-484-1162
 SALT LAKE CITY, UTAH 84109 WWW.CONKOLAMI.ORG

Shalom & Welcome to Congregation Kol Ami. We are happy that you are interested in joining us as member. Please fill out this form and return the completed form to the Office or email it to info@conkolami.org. *Todah Rabbah!*

Personal Information (Adults)

Unless marked private, contact information will be published in our membership directory	Adult 1 <input type="checkbox"/> Private	Adult 2 <input type="checkbox"/> Private
First Name:		
Last Name:		
Street Address:		
City, State, ZIP		
Phone (home)		
Phone (cell)		
Phone (work)		
Email:		
Date of Birth:		
Anniversary:		
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered
I am Jewish::	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Other
Hebrew Name: If you do not have a Hebrew name, the Rabbi can help you chose one.		
Profession:		
Preferred Communication:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> By Mail	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> By Mail
Receive Quarterly Bulletin:	<input type="checkbox"/> Electronic <input type="checkbox"/> By Mail	<input type="checkbox"/> Electronic <input type="checkbox"/> By Mail

Personal Information (All Dependent Children)

Children's information is not published in our Synagogue membership directory	Child 1	Child 2	Child 3	Child 4
First Name:				
Last Name:				
Hebrew Name:				
Date of Birth				
PLEASE COMPLETE SEPARATE RELIGIOUS SCHOOL & YOUTH DEPARTMENT FORM(S)				

Yahrzeit Information to add to our database (use reverse of last page additional paper is needed)

English Name	Hebrew Name w/parents	Relationship	Date of Death (English)	Date of Death (Hebrew)	Observance
					Eng or Heb
					Eng or Heb
					Eng or Heb
					Eng or Heb
					Eng or Heb

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Special 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 (Adult or Children's) | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Building & Grounds | <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/Gabbai |
| <input type="checkbox"/> Dinner-at-the-Shul | <input type="checkbox"/> Holiday Celebrations | <input type="checkbox"/> Religious School | <input type="checkbox"/> Youth |

Committee on which you would like to serve _____

Programs I/we would like to see _____

Help Us Understand You and Your Family Better:

I/We joined Congregation Kol Ami because _____

My/Our Jewish background _____

Other Comments _____

Membership Type (select one)

- ☐ Family *At least one Jewish adult and his/her dependents under the age of 18*
☐ Single *A single Jewish adult (18+) without dependents*

Please select one and then choose dues listed below:

- ☐ New Member
☐ Continuing Member *Current or former members returning to Kol Ami*
☐ Age 20-29 ☐ Age 30-34
☐ Student *Full Time student*
☐ Dual Member: *A member who maintains full-paid membership with another Synagogue*
☐ Other URJ or USCJ synagogue: _____ ☐ Chavurah B'Yachad)
☐ Non-Member with 1 child in RS 1ST YEAR (this is a special rate for 2017-2018/5778 & includes HHD tickets)

ADDITIONAL FEES: Mortgage Assessment (\$120 yearly) & Building Maintenance Fee (\$150 yearly or \$1,500 one-time fee)

2017-2018/5778 Member Dues (see above for information)					
Types	Family	Single	Types	Family	Single
New	\$1,010	\$755	Full-Time Student	\$225	\$125
Continuing	\$1,640	\$1,000	Dual Member	\$1,000	\$600
Ages 30-34	\$1,100	\$550	Non-Member with 1 child in Rel Sch 1 st Year	\$1,000	\$1,000
Ages 20-29	\$600	\$300			

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**High Holiday
 Appeal
 Donations**

**Donations made to the High Holiday Appeal from
 July 1 through October 16, 2017 are matched**

Please consider making a pledge toward our High Holiday Appeal. Each donation goes farther because of matching funds donated by generous donors we call "Angels."

☐ I/We would like to become a matching angel – please call me

Payment Calculations (all payments must be completed on or before 06/30/2018)

<i>Description</i>	<i>Amount</i>	<i>Total Amount</i>
Membership Dues (see previous page based on membership type)		
Mortgage Assessment	120	
Building Maintenance Fee (\$150 p/year or one-time payment of \$1,500)	150	
Synagogue Clubs: Sisterhood \$36 / Kol Amigos \$36	36 each	
Donation to help a family who is unable to afford dues (you choose amount)		
High Holiday Appeal to Synagogue (donations due on or before 10/16/2017)		
Additional donation to fund a committee of your choice (can be made in hon/mem of someone):		
<i>Synagogue Sub-Total</i>		\$
<i>Religious School Sub-Total (taken from Religious School form)</i>		\$
<i>To help cover credit card fees of 2.5% charged to the Synagogue</i>		\$
<i>GRAND TOTAL</i>		\$

Payment Type: ☐ CASH ☐ CHECK ☐ CREDIT CARD: ☐ Visa ☐ MC ☐ AmEx ☐ Discover

Signature: _____ **Date:** _____

This signature affirms that I will make payments as noted above, and if I selected a credit card payment, authorize 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; Kol Ami will bill me each fiscal year (July 1-June 30) 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 dues up to the date I cancel my membership. Members will be notified about changes in membership dues.

Name on Card: _____ **Expiration Date:** ____/____/____

Card Number: _____ **Security Code** _____ **Billing Zip Code:** _____

Please note: To protect your confidentiality, 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 *please be sure it does not expire prior to end of your payment schedule. If this is not possible, please provide a current card to the billing office as soon as your card is renewed.*

☐ Check here to receive a confidential application for dues reduction and/or Religious School scholarship