



Congregation Kol Ami Member Application Form

Thank you for your interest in membership at Congregation Kol Ami. Jessica Lorden, our Executive Director, will be glad to answer any questions you may have about membership or the holidays.

At Kol Ami we care about your privacy. The information on this form will be used for congregational purposes only.

	Applicant:	Co-Applicant:
Last Name		
First Name & Middle Initial		
Preferred Name		
Gender		
Preferred Pronoun		
Home Address		
Home Phone		
Cell Phone		
E-Mail Address		
Birth Date		
Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		
Occupation	<i>Profession:</i> <i>Briefly describe what you do:</i>	<i>Profession:</i> <i>Briefly describe what you do:</i>
Business Name		
Business Address		
Business Phone		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partners	
Date of Marriage (if applicable)		
Are you an interfaith family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ritual Skills	<input type="checkbox"/> Had Bar/Bat Mitzvah <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Read Torah	<input type="checkbox"/> Had Bar/Bat Mitzvah <input type="checkbox"/> Read Hebrew <input type="checkbox"/> Speak Hebrew <input type="checkbox"/> Lead Services <input type="checkbox"/> Sing in Choir <input type="checkbox"/> Read Torah

Children Living at Home:

<i>If more than 4 children, please use bottom of back page</i>	Child #1	Child #2	Child #3	Child #4
Last Name				
First Name & M.I.				
Preferred Name				
Preferred Pronoun				
Gender				
College Address (if applicable)				
Home Phone				
Cell Phone				
E-Mail Address				
Birth Date				
Hebrew Name				
Special Needs (Please describe)				
Current School and Grade				
Bar/Bat Mitzvah?	<input type="checkbox"/> Yes Date:	<input type="checkbox"/> Yes Date:	<input type="checkbox"/> Yes Date:	<input type="checkbox"/> Yes Date:
All Grown Up? (if applicable)	<input type="checkbox"/> Adult Single <input type="checkbox"/> Adult Married	<input type="checkbox"/> Adult Single <input type="checkbox"/> Adult Married	<input type="checkbox"/> Adult Single <input type="checkbox"/> Adult Married	<input type="checkbox"/> Adult Single <input type="checkbox"/> Adult Married

Emergency Contact Information:

<i>Please provide us with several emergency contacts</i>	Emergency Contact #1	Emergency Contact #2
Last Name		
First Name		
Relationship		
Home Address		
Home Phone		
Cell Phone		
E-Mail Address		

Family at Kol Ami:

<i>Please provide us with a list of names of any family members who are Kol Ami members</i>	Family Member #1	Family Member #2	Family Member #3	Family Member #4
Last Name				
First Name				
Relationship				

Yahrzeit Information: Applicant

<i>Please provide us with a list of names of those for whom you are saying Yahrzeit. If more than 4 individuals, please use bottom of back page</i>	Individual #1	Individual #2	Individual #3	Individual #4
Name of Deceased				
Relationship				
Date of Death (Please choose one)	<input type="checkbox"/> Hebrew Date: <input type="checkbox"/> English Date:	<input type="checkbox"/> Hebrew Date: <input type="checkbox"/> English Date:	<input type="checkbox"/> Hebrew Date: <input type="checkbox"/> English Date:	<input type="checkbox"/> Hebrew Date: <input type="checkbox"/> English Date:

Yahrzeit Information: Co-Applicant

<i>Please provide us with a list of names of those from whom you are saying Yahrzeit. If more than 4 individuals, please use bottom of back page</i>	Individual #1	Individual #2	Individual #3	Individual #4
Name of Deceased				
Relationship				
Date of Death (Please choose one)	<input type="checkbox"/> Hebrew Date: <input type="checkbox"/> English Date:	<input type="checkbox"/> Hebrew Date: <input type="checkbox"/> English Date:	<input type="checkbox"/> Hebrew Date: <input type="checkbox"/> English Date:	<input type="checkbox"/> Hebrew Date: <input type="checkbox"/> English Date:

Getting Involved

How would you like to get involved at Kol Ami? Check all of the boxes about which you would like more information.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> ARZA | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Early Childhood Program | <input type="checkbox"/> Empty Nesters |
| <input type="checkbox"/> Israel | <input type="checkbox"/> Kol Ami Cares | <input type="checkbox"/> Membership | <input type="checkbox"/> Young Families |
| <input type="checkbox"/> Religious School | <input type="checkbox"/> Social Justice | <input type="checkbox"/> Worship | <input type="checkbox"/> Sisterhood/WRJ |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Active Aging | <input type="checkbox"/> Climate/Environment | <input type="checkbox"/> Men's Council |

Please check all boxes for skills you might be willing to contribute to benefit Congregation Kol Ami.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Cooking and Baking | <input type="checkbox"/> Employment | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Photography | <input type="checkbox"/> Social Media | |
| <input type="checkbox"/> Videography | <input type="checkbox"/> Working with Children | | |

Auxiliary Organizations

Please check the box for each auxiliary organization which you would like to join.

- ☐ WRJ/Sisterhood \$40 ☐ ARZA (Association of Reform Zionists of America) \$50
☐ Men's Council \$40 ☐ Social Action \$36

Please add the appropriate fee(s) to your total dues payment.

Membership Directory

Please check this box ☐ if you do not wish to be included in our membership directory.

Synagogue Membership for 2025-26:

Benefactor Dues*	Family Dues*	Single Dues*	Early Childhood Program*
<input type="checkbox"/> Maimonides: \$25,000 <input type="checkbox"/> Hillel Circle: \$20,000 <input type="checkbox"/> Mitzvah Circle: \$15,500 <input type="checkbox"/> Rabbis' Circle: \$12,500 <input type="checkbox"/> Patron: \$9,750 <input type="checkbox"/> Builder: \$6,500 <input type="checkbox"/> Sustainer (single members only): \$3,850	<input type="checkbox"/> Family (oldest member age 31+, 1 st year member): \$3,800 <input type="checkbox"/> Family (oldest member age 31+, other than 1 st year): \$4,525 <input type="checkbox"/> Family (oldest member 30 and under): \$1,440 <input type="checkbox"/> Family – Out of area: \$2,250 <input type="checkbox"/> Family – Kol Ami Teacher: \$2,250	<input type="checkbox"/> Single (age 31+, 1 st year member): \$2,050 <input type="checkbox"/> Single (age 31+, other than 1 st year): \$2,525 <input type="checkbox"/> Single (age 30 and under): \$775 <input type="checkbox"/> Single – Out of area: \$1,265 <input type="checkbox"/> Single – Kol Ami Teacher: \$1,265	<input type="checkbox"/> ECP with oldest child in ECP: free <input type="checkbox"/> ECP with oldest child in Kindergarten: \$900 <input type="checkbox"/> ECP with oldest child in First Grade: \$1,800 <input type="checkbox"/> ECP with oldest child in Second Grade: \$2,700 <input type="checkbox"/> ECP going to full membership: \$4,525

***In addition to dues, all members are required to pay a safety and security fee. The fee for 2025-26 is \$500. ECP members will pay the security fee set forth in the ECP notice.**

Capital Fund: We have a Capital Fund to enable the congregation to meet major replacement and repair charges and to adapt its facilities to the changing needs of its members. All new members must pay into our Capital Fund for five years, commencing in their second year of membership. Your Capital Fund assessment is based on the current full family or single membership dues. We will bill you separately for this fee.

Payment: I/We realize that as a member of Congregation Kol Ami, I/we am/are committing to be a part of a sacred community. In acceptance of that responsibility, I/we pledge my/our membership dues.

I/We agree to pay dues in the amount of \$ _____ and auxiliary dues in the amount of \$ _____ for the current fiscal year ending 6/30/26.

Please enclose your check, payable to Congregation Kol Ami, 252 Soundview Avenue, White Plains, NY 10606.

Signature

Signature