



In-Person. Virtual. Spiritual.  
Kol Ami. Here for you in every way.

## 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: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other	Co-Applicant: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other
Last Name		
First Name & Middle Initial		
Gender		
Home Address		
Home Phone		
Cell Phone		
E-Mail Address		
Birth Date		
Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		
Occupation		
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"/> Chant Haftorah	<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"/> Chant Haftorah

**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 & Middle Initial				
Gender				
College Address or other address if not living at home (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 <i>(Please choose one)</i>	<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 <i>(Please choose one)</i>	<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.

- ARZA                       Adult Education                       Early Childhood Program     Empty Nesters
- Israel                       Kol Ami Cares                       Membership                       Sisterhood/WRJ
- Religious School         Social Justice                       Worship                       Young Families
- Youth Group

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

- Community Organizing         Cooking and                       Employment                       Fundraising
- Gardening                      Baking                       Graphic Design                       Grant Writing
- Legal                       Marketing/PR                       Photography                       Social Media
- Videography                       Working with Children

***Auxiliary Organizations***

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

- WRJ/Sisterhood (\$40)                       ARZA (\$50)

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 2022-23:**

<b>Benefactor Dues*</b>	<b>Family Dues*</b>	<b>Single Dues*</b>	<b>Early Childhood Program*</b>
<input type="checkbox"/> Maimonides: \$25,000 <input type="checkbox"/> Hillel Circle: \$18,500 <input type="checkbox"/> Mitzvah Circle: \$14,250 <input type="checkbox"/> Rabbis' Circle: \$11,500 <input type="checkbox"/> Patron: \$9,100 <input type="checkbox"/> Builder: \$5,950 <input type="checkbox"/> Sustainer (single members only): \$3,475	<input type="checkbox"/> Family (oldest member age 31+, 1 <sup>st</sup> year member): \$3,525 <input type="checkbox"/> Family (oldest member age 31+, other than 1 <sup>st</sup> year): \$4,195 <input type="checkbox"/> Family (oldest member 30 and under): \$1,340 <input type="checkbox"/> Family – Out of area: \$2,090 <input type="checkbox"/> Family – Kol Ami Teacher: \$2,090	<input type="checkbox"/> Single (age 31+, 1 <sup>st</sup> year member): \$1,895 <input type="checkbox"/> Single (age 31+, other than 1 <sup>st</sup> year): \$2,340 <input type="checkbox"/> Single (age 30 and under): \$720 <input type="checkbox"/> Single – Out of area: \$1,175 <input type="checkbox"/> Single – Kol Ami Teacher: \$1,175	<input type="checkbox"/> ECP with oldest child in ECP: free <input type="checkbox"/> ECP with oldest child in Kindergarten: \$835 <input type="checkbox"/> ECP with oldest child in First Grade: \$1,680 <input type="checkbox"/> ECP with oldest child in Second Grade: \$2,515 <input type="checkbox"/> ECP going to full membership: \$4,195

**\*In addition to dues, all members are required to pay a safety and security fee. The fee for 2022-23 is \$350. ECP members will pay the security fee set forth in the ECP notice.**

**Building Improvement Fund:** We have a Building Improvement 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 Building Improvement Fund for five years, commencing in their second year of membership. Your Building Improvement 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 6/30/23.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature