

Date: _____

CONGREGATION KOL AM

Membership Application

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

Primary Mailing Address _____
Street City State Zip

Home Phone : _____ Cell Phone 1 _____ Cell Phone 2: _____

Emergency Contact (Name & Telephone, Text #) _____

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 <i>(if retired, what was your occupation)</i>		
Business Telephone Number		
Secondary Mailing Address		
Can you read Hebrew (Y/N)?		
Hebrew Name		
1. Your Current or previous Congregational Affiliation \		
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?		

Yahrzeits (Add more names on a separate sheet)

Name	Date

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			Photography		
Cooking			Plumbing		
Computer/Technical/IT			Public Relations/Publicity		
Crafts			Retail		
Design/Graphic artist			Social Services		
Electrical Work			Story-telling		

Please note that membership is a full year commitment even if payments are made quarterly or monthly.

Signature

Date