



Artwork by Betsy Plakin Teutsch, from *Kol Haneshamah*

Welcome to Kol Ami of Boca Raton

A Reconstructing Judaism congregation

2020 Membership Application

Last Name	First Name	MI	Co-member: Last Name	First Name	MI
Hebrew Name			Co-member Hebrew Name		
Street Address			City, State, Zip		
Home Telephone (including area code)			Cell phone (including area code)		
Email address			2nd E-mail address		
Seasonal Street Address			Seasonal City, State, Zip		
Seasonal Home Telephone (including area code)					
Children (college age or under living at home:) Names			Birthday: Co-members Birthday: Wedding Anniversary:		

PLEASE NOTE HERE IF YOU HAVE ANY OBJECTION TO YOUR CONTACT INFORMATION BEING SHARED WITH OTHER MEMBERS OF THE CONGREGATION:

Yahrzeits to be Observed:

Name

Relationship

M/D/YR
English Date

M/D/YR
Hebrew Date

If you only know the English date, please indicate if death was before or after sunset.
For additional names, write on a separate sheet & attach.

List special skills & interests – Judaic & General

Membership Fees:

Per adult person: \$360 per year \$ _____

Introductory rate per adult person \$108 per year \$ _____

TOTAL w/application \$ _____

The introductory rate must be paid in full.

A regular membership may be paid in full or in thirds. The 1st payment is made with the application, the 2nd payment is due April 1st and the 3rd payment is due July 1st.

Please note here your payment intentions:

Please note that Kol Ami's fiscal/membership year is January 1st through December 31st

(Signature)

(Co-member signature)

(Date)

**Please mail your completed, signed form with check to:
Kol Ami, P.O. Box 810504, Boca Raton FL 33481-0504
If you have any questions, please call 561-990-2641
mail@kolami-bocaraton.org**