

Kolot Chayeinu/קולות חיינו Voices of Our Lives

1012 Eighth Avenue Brooklyn, NY 11215 (718) 390-7493 www.kolotchayeinu.org

MEMBERSHIP FORM 2008–2009 / 5769 (September 1, 2008 to August 31, 2009)

“Kolot Chayeinu/Voices of Our Lives is a Jewish congregation in Brooklyn, where doubt can be an act of faith and all hands are needed to build our community. We are creative, serious seekers who pray joyfully, wrestle with tradition, pursue justice and refuse to be satisfied with the world as it is. As individuals of varying gender identities, sexual orientations, races, family arrangements, and Jewish identities and backgrounds, we share commitment to the search for meaningful expressions of our Judaism in today's uncertain world.”—Kolot Chayeinu Mission Statement

Just as Kolot Chayeinu's Mission Statement acknowledges wide diversity within the community, so does this Membership Form. Please complete it according to your particular family arrangement, providing, on the next page, Member Information for **each adult member**.

Make your check payable to Kolot Chayeinu and mail it, with this entire Membership Form, your Participation Form, and your payment to: **Kolot Chayeinu** 1012 Eighth Avenue Brooklyn, NY 11215.

If you have questions about membership, please contact membership@kolotchayeinu.org Kathy August (646-207-4064), Sally Charnow (718-832-6130).

HOUSEHOLD INFORMATION

Member Information is provided on the next page for the following adult member(s):

☞ Member Name:

(First Name)

(Last Name)

☞ Member Name:

(First Name)

(Last Name)

☞ Address:

☞

(street/city/zip)

Name of adult nonmember partner, if any:

(First Name)

(Last Name)

Children of the adult(s) listed above, if any:

(name)

(birthday)

(name)

(birthday)

(name)

(birthday)

(over) ☞

For Office Use:

Date Processed _____ QB Invoice # _____ SOS _____

PF Yes/No _____

Notify _____

PF email _____

PF Back _____

W_email _____

MEMBER INFORMATION

For all contact information, please specify home or work.

NAME: _____

EMAIL(S): _____

PHONE(S): _____

(Home)

(Cell)

(Work)

Kolot 5769 Membership and Fiscal year is from September 1, 2008 to August 31, 2009

5769 PAYMENT CALCULATION:

My dues for 5769 are: \$ _____

(For more information on the dues policy, please refer to the Q & A sheet.)

I would like to make a High Holyday contribution of: \$ _____

(\$118 per adult member is suggested.)

TOTAL PAYMENT (DUES+HOLYDAYS): \$ _____

MEMBER INFORMATION

For all contact information, please specify home or work.

NAME: _____

EMAIL(S): _____

PHONE(S): _____

(Home)

(Cell)

(Work)

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TOTAL PAYMENT (DUES+HOLYDAYS): \$ _____

For the Total Payment(s) indicated above:

a check for the full amount is enclosed

a check for \$ _____ is enclosed and the remainder will be sent on the following schedule:

PAY ONLINE WITH PAYPAL OR CREDIT CARD!

Go to <http://www.kolotchayeinu.org/donate/>

(If paying online mail this registration form indicating your online payment and the calculation or email the information to the Administrator at kolot4u@verizon.net.)

It is Kolot's longstanding policy to maintain complete confidentiality of all personal financial information

Please return this form **by October 10, 2008, at the very latest**