



5772 Membership Form

Fiscal year September 1, 2011 – August 31, 2012

This membership packet contains your current member profile (below), pledge & payment form (on the reverse side of this page) and participation form (separate two sided form). **Please correct, complete and return these forms along with your membership dues payment by September 1, 2011** or as soon as possible thereafter to Kolot Chayeinu / Voices of Our Lives, 1012 8th Ave, Brooklyn, NY 11215. Thank you.

KOLOT CHAYEINU'S PRIVACY POLICY The personal and financial information Kolot Chayeinu members share with the congregation is handled with the utmost care. Kolot staff and Board members/key decision-makers maintain confidentiality of all information that is shared with them as part of their responsibilities for fiscal oversight, financial planning and fundraising for the congregation. Financial information is never made public nor conveyed to the congregation at-large, except by special arrangement and consent of the contributor. If you have any concerns about your personal or financial information, please contact the Rabbi (rebellen@earthlink.net) or President (kolotpresident@gmail.com).

CURRENT MEMBER(S) PROFILE(S) – PLEASE PRINT CLEARLY

1st Adult -Member/ Name: _____

Phones: H: _____ ; **Work:** _____ ; **Cell:** _____

Email: _____

Birthdate: mo-day-yr: _____ **Gender:** _____

Job Title: _____ **Employer:** _____

2nd Adult in Household/Name: _____ **Member?:** Yes No

Phones: H: _____ ; **Work:** _____ ; **Cell:** _____

Email: _____

Birthdate: mo-day-yr: _____ **Gender:** _____

Job Title: _____ **Employer:** _____

Home / Street Address: _____

City, State, Zip: _____

Please give us the name & number of a family member or loved one we might reach in case of an emergency in your life:

For Member #1: _____

For Member #2: _____

CHILD / CHILDREN – PLEASE PRINT CLEARLY

First Child:

Name: _____

Birthdate: _____

Gender: _____

Child's Parent / Guardian (if other than listed above)

Name: _____

Email: _____

Phone: _____

Second Child:

Name: _____

Birthdate: _____

Gender: _____

Child's Parent / Guardian (if other than listed above)

Name: _____

Email: _____

Phone: _____

Third Child:

Name: _____

Birthdate: _____

Gender: _____

Child's Parent / Guardian (if other than listed above)

Name: _____

Email: _____

Phone: _____

Please list info for additional children not named above:

Please enter your dues pledge information on the reverse side of this form

MEMBERSHIP PLEDGES AND PAYMENTS

5772 MEMBERSHIP FAIR SHARE DUES PER MEMBER BY EACH MEMBER'S INCOME RANGE, AS FOLLOWS:

If your annual gross income falls between	Please pay dues in the amount of	If your annual gross income falls between	Please pay dues in the amount of
\$0-\$15,000	\$170	\$70,001-\$85,000	\$970
\$15,001-\$25,000	\$285	\$85,001-\$100,000	\$1,140
\$25,001-\$35,000	\$400	\$100,001-\$125,000	\$1,440
\$35,001-\$45,000	\$515	\$125,001-\$150,000	\$1,725
\$45,001-\$57,000	\$650	\$150,001-\$175,000	\$2,015
\$57,001-\$70,000	\$800	\$175,001-\$200,000	\$2,300
		\$200,001 +	\$2,875

Special Membership: To welcome first-time members under age 30 and earning under \$50K, we offer a special one-year dues rate of \$108.

Joining mid-year? If you are joining Kolot within the first six months of our fiscal year (September-February), we expect that you will pay the yearly dues amount. Those joining Kolot during March-August may pro-rate their dues accordingly. Thank you.

1ST ADULT IN HOUSEHOLD

For 5772 (9/1/11-8/31/12) my dues pledge is \$ _____
 For 5772, I am making a High Holyday contribution of \$ _____
SUGGESTED AMOUNTS: \$136 per adult member, \$234 per adult non-member \$ _____
 SUB-TOTAL PLEDGE (DUES+HOLYDAYS) \$ _____

2ND ADULT IN HOUSEHOLD

For 5772 (9/1/11-8/31/12) my dues pledge is \$ _____
 For 5772, I am making a High Holyday contribution of \$ _____
SUGGESTED AMOUNTS: \$136 per adult member, \$234 per adult non-member \$ _____
 SUB-TOTAL PLEDGE (DUES+HOLYDAYS) \$ _____

(Full Payment is due by June 30, 2012) **GRAND TOTAL** \$ _____
 Enclosing my check payable to Kolot Chayeinu in this amount \$ _____
 I have made a PAYPAL payment of this amount \$ _____

NEED TO PAY YOUR DUES OVER TIME? Set up a free monthly automatic payment plan as part of your on-line banking. Just enter Kolot Chayeinu as a repeating payee.

TO PAY ONLINE WITH PAYPAL OR CREDIT CARD, GO TO <http://www.kolotchayeinu.org/donate>

IMPORTANT: Enter a memo/purpose for your payment in the 2nd PayPal confirmation window by clicking on the plus sign before "Detail amounts and donation designation." (We need your completed forms even if you pay through PayPal).

PLEASE DIRECT MEMBERSHIP QUESTIONS TO ELLEN GARVEY at 718-390-7493 or membershipinfo@kolotchayeinu.org

For Office Use:	PF Yes / No	PF email	Notify _____	W_email _____
Date Processed _____	QB Invoice # _____	SOS _____	PF Back _____	