



5085 Walnut Lake Road, West Bloomfield, Michigan 48323
Phone: (248) 661-0040 Fax: (248) 661-5901
Website: www.tkolami.org Email: temple@tkolami.org

Member Application

Date: ____/____/____

We are happy that you have chosen to join Temple Kol Ami. By filling out this form as fully as possible, you will help us to serve your needs to the best of our ability. The information you provide will remain confidential. Thank you for your cooperation and *baruch haba*, welcome to Temple Kol Ami.

Primary Member # 1

Title: Mr. Mrs. Ms. Dr. Other: _____
First Name: _____ (MI) _____ Last Name: _____
Hebrew Name: _____ Maiden Name: _____
Birth date: (mm/dd/yy) ____/____/____ Home Email: _____
Cell Phone Number: (____) _____
Place of Employment: _____ Occupation: _____
Address: _____ Phone #: (____) _____

Primary Member # 2

Title: Mr. Mrs. Ms. Dr. Other: _____
First Name: _____ (MI) _____ Last Name: _____
Hebrew Name: _____ Maiden Name: _____
Birth date: (mm/dd/yy) ____/____/____ Home Email: _____
Cell Phone Number: (____) _____
Place of Employment: _____ Occupation: _____
Address: _____ Phone #: (____) _____

Family Status

Single Engaged Married Partnered Separated Divorced Widow/Widower
Anniversary Date: ____/____/____ Were you married at Temple Kol Ami? Yes No

Home Information

Street Address: _____ Apt # _____
City: _____ State: _____ Zip: _____
Phone # 1: (____) _____ Phone # 2: (____) _____

Background

Name & Location of previous synagogue _____

How long were you a member there? _____ Were you an active member? _____

If yes, in what capacity? _____

Member # 1 Religious Tradition in Which You Were Raised:

Reform Conservative Orthodox Secular Reconstructionist

Not Jewish, please specify _____

If Jewish by choice, conversion performed by: Rabbi _____ on ____/____/____

Please submit a copy of conversion document if possible.

Member # 2 Religious Tradition in Which You Were Raised:

Reform Conservative Orthodox Secular Reconstructionist

Not Jewish, please specify _____

If Jewish by choice, conversion performed by: Rabbi _____ on ____/____/____

Please submit a copy of conversion document if possible.

Family & Friends

Please list other family members or friends who are affiliated with Temple Kol Ami:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Other

Reason(s) for joining Temple Kol Ami: _____

Referred by: _____

Children

Please fill in the following information as it applies to each of your children. Attach additional sheet if necessary.

Child #1:

Male Female Enrolled in Temple Kol Ami Religious School? _____
Name: _____ Date of Birth: ____/____/____
Child's Hebrew Name: _____
Secular School: _____ Grade: _____
College Contact : College/University _____
Address: _____
Email: _____ Expected date of graduation: ____/____/____

Child #2:

Male Female Enrolled in Temple Kol Ami Religious School? _____
Name: _____ Date of Birth: ____/____/____
Child's Hebrew Name: _____
Secular School: _____ Grade: _____
College Contact : College/University _____
Address: _____
Email: _____ Expected date of graduation: ____/____/____

Child #3:

Male Female Enrolled in Temple Kol Ami Religious School? _____
Name: _____ Date of Birth: ____/____/____
Child's Hebrew Name: _____
Secular School: _____ Grade: _____
College Contact : College/University _____
Address: _____
Email: _____ Expected date of graduation: ____/____/____

Yahrzeit Observance

Should you desire to observe the Hebrew date and do not recall it, check "Hebrew date of death" and give the full English date and time of death and the Hebrew date will be determined for you.

Yahrzeit #1:

Deceased's Name: _____

Relationship: _____

I/We wish to observe the Hebrew date of death: ____/____/____

Secular date of death: ____/____/____ approximate time _____ AM PM

Yahrzeit #2:

Deceased's Name: _____

Relationship: _____

I/We wish to observe the Hebrew date of death: ____/____/____

Secular date of death: ____/____/____ approximate time _____ AM PM

Yahrzeit #3:

Deceased's Name: _____

Relationship: _____

I/We wish to observe the Hebrew date of death: ____/____/____

Secular date of death: ____/____/____ approximate time _____ AM PM

Yahrzeit #4:

Deceased's Name: _____

Relationship: _____

I/We wish to observe the Hebrew date of death: ____/____/____

Secular date of death: ____/____/____ approximate time _____ AM PM

Yahrzeit #5:

Deceased's Name: _____

Relationship: _____

I/We wish to observe the Hebrew date of death: ____/____/____

Secular date of death: ____/____/____ approximate time _____ AM PM

Community Involvement

Please list any community activities, board affiliations, volunteer work or related experiences you have had. Please indicate Member #1 or Member #2.

Get Involved

Temple Kol Ami has many opportunities for members to be involved in Temple and community activities. Please indicate those in which you might be interested. Someone will contact you with more information.

Committee Interests

Adult #1 Adult #2

<input type="checkbox"/>	<input type="checkbox"/>	Brotherhood
<input type="checkbox"/>	<input type="checkbox"/>	Caring Community
<input type="checkbox"/>	<input type="checkbox"/>	Choir
<input type="checkbox"/>	<input type="checkbox"/>	Facility (Building) Committee
<input type="checkbox"/>	<input type="checkbox"/>	Finance & Budget Committee
<input type="checkbox"/>	<input type="checkbox"/>	KATY (Youth Group)
<input type="checkbox"/>	<input type="checkbox"/>	Library Committee
<input type="checkbox"/>	<input type="checkbox"/>	Membership Committee
<input type="checkbox"/>	<input type="checkbox"/>	Religious School Committee
<input type="checkbox"/>	<input type="checkbox"/>	Religious Services Committee
<input type="checkbox"/>	<input type="checkbox"/>	Sisterhood
<input type="checkbox"/>	<input type="checkbox"/>	Social Action Committee
<input type="checkbox"/>	<input type="checkbox"/>	Social/Special Event Committee
<input type="checkbox"/>	<input type="checkbox"/>	Usher Corps

Interests

Adult #1 Adult #2

<input type="checkbox"/>	<input type="checkbox"/>	Adult Education
<input type="checkbox"/>	<input type="checkbox"/>	Advertising
<input type="checkbox"/>	<input type="checkbox"/>	Architecture
<input type="checkbox"/>	<input type="checkbox"/>	Building Operations
<input type="checkbox"/>	<input type="checkbox"/>	Chavurah Organization
<input type="checkbox"/>	<input type="checkbox"/>	Computers
<input type="checkbox"/>	<input type="checkbox"/>	Cooking
<input type="checkbox"/>	<input type="checkbox"/>	Construction
<input type="checkbox"/>	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	<input type="checkbox"/>	Gardening
<input type="checkbox"/>	<input type="checkbox"/>	Music
<input type="checkbox"/>	<input type="checkbox"/>	Photography
<input type="checkbox"/>	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	<input type="checkbox"/>	Website Design
<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

Member Demographics

Please check the box next to the applicable Member Demographic

- | | |
|---|--|
| <input type="checkbox"/> Family | Two person household |
| <input type="checkbox"/> Single | One person household |
| <input type="checkbox"/> Senior Family | Two person household where the oldest person is 65 years of age or older as of July 1 of the year joining |
| <input type="checkbox"/> Senior Single | One person household 65 years of age or older as of July 1 of the year joining |
| <input type="checkbox"/> Young Adult Family | Two person household where the oldest person is under age 36 as of July 1 of the year joining. |
| <input type="checkbox"/> Young Adult Single | One person household under age 36 as of July 1 of the year joining |
| <input type="checkbox"/> Youth | High school student whose parents are not members |
| <input type="checkbox"/> Dual Membership | Member of Temple Kol Ami AND a <u>full</u> member of another synagogue (local or in another city). Contact the office for more information |

Building Improvement Fund

The Building Improvement Fund is assessed to all members. Young Adult members may defer the Building Improvement Fund Assessment until age 36. This fund is used to defray the cost of non-budgeted major improvements to the building and grounds. It is billed quarterly and is payable over five years.

Family Building Improvement Fund	\$2,000
Single Building Improvement Fund	\$1,000
Senior Building Improvement Fund	\$1,000

Application Signatures

I/We hereby apply for membership in Temple Kol Ami and if admitted, agree to conform and abide by the Constitution of Temple Kol Ami and its by-laws, rules and regulations now in effect, or which may hereafter be enacted.

Signature _____

Signature _____

Date: ____/____/____

Annual Pledge Form

In recognition of the importance of Temple Kol Ami, and to help continue as a vibrant Jewish institution, I/we commit to support the Temple as follows:

T'RUMOT HALEV: GIFTS OF THE HEART

We are pleased to be able to make our annual pledge at a Sustaining Level, or greater as follows:

Sustaining	Tower	Guardian
\$2,400 to \$2,700	\$2,701 to \$5,299	\$5,300 or more
Annual Commitment	Annual Commitment	Annual Commitment
\$ _____	\$ _____	\$ _____

We are unable to contribute at the Sustaining Level. However, we are pleased to be able to make our annual pledge as follows:

\$ _____

I WISH TO PAY MY PLEDGE:

MONTHLY _____

QUARTERLY _____

ANNUALLY _____

Signature _____

Signature _____

Date: ____ / ____ / ____