

Kol  Ami
Kol Ami Membership Form

Please check one:

- I am a returning member and have no changes to the information in the Kol Ami membership directory.
- I am a returning member and would like to make the changes below to my/our listing in the membership directory.
- I am a new member and have provided the information below.

Membership Type (please choose one):

- Family
- Individual

Please list the name(s) of adults (over 13) in your membership.

Please list the name(s) and year(s) of birth of children (under 13) in your membership.

Kol Ami strives so all individuals and family members feel welcomed and included. Please let us know if you have any preferred nicknames. If you have gender pronoun preferences, please feel free to share that in this space as well.

Address:

Phone (cell/daytime/evening): _____

Additional Phone: _____

Email address: _____

Email address: _____

We would like to know how you learned about our congregation and what encouraged you to join: _____

Please note that the above information will be published in the Kol Ami membership directory and our upcoming e-newsletter unless you request otherwise. As a small congregation we value getting to know you and you getting to know other congregants. Please feel free to share your interests, profession or other information you would like included in the directory.

Kol Ami is a member of the national movement of Reconstructionist Judaism. We provide email addresses of our congregants once each year to the central organization, Reconstructing Judaism, for the limited purpose of receiving their monthly newsletters. RJ and Kol Ami pledge not to share your email address beyond this purpose. **Please check this box if you would like to opt-out of receiving RJ resources.**

Kol Ami is a participatory congregation. Giving our talents, passion and time to Kol Ami every year is not only a responsibility shared by all members but is also a crucial part of what defines our community. We ask that each adult member, as able, participate in the hosting of at least two Shabbat services and helping with two holiday or congregation events each year. If you have other talents or skills you would like to share with the congregation, please let us know: _____

Kol Ami's Care & Concern / Inclusion Committee endeavors to improve access to Kol Ami activities, through identifying and minimizing obstacles and arranging accommodations as needed. Our Inclusion Committee is eager to assist if you have special needs. Check this box if you would like to be contacted about accommodations and/or provide additional information below or if you prefer you may send an email to inclusion@kolamivirginia.org: _____

Membership Dues Worksheet

Please calculate your membership total as follows:

Family membership dues (\$1375)	\$ _____

or Sustainer level family memberships (\$2500)	\$ _____
Individual membership dues (\$775)	\$ _____

or Sustainer level individual membership (\$1200)	\$ _____
Out of town Friend of Kol Ami (\$300)	\$ _____

Additional contribution to support dues waivers	\$ _____

Jewish Children's Education Program (JCEP)	_____

(\$325 for first child, \$175 for additional children)	\$ _____
Contribution to the Rabbi's Discretionary Fund	\$ _____

Total	\$ _____

Checks should be made payable to Kol Ami and sent to PO 1801, Annandale VA 22003. Contributions (including all dues except JCEP) are tax deductible. JCEP tuition is not tax deductible.

For those unable to pay the entire amount, please contact Kol Ami's treasurer at treasurer@kolamivirginia.org. Discussions regarding paying reduced dues will be held in confidence.

If you wish to arrange payment plan options, other than a one-time payment, please indicate your payment preference below.

Thank you on behalf of the entire Kol Ami community for becoming a member!