



Congregation Kol Ami

2425 Heritage Way • Salt Lake City, UT 84109 • (801) 484-1501 • www.conkolami.org

2009/2010 New Membership

Name _____	Phone _____
Address _____	Email _____
_____	Email _____
_____	_____

		Amount
Membership	2009/2010 Annual Membership Dues <input type="checkbox"/> Family – New \$950 <input type="checkbox"/> Single – New \$625 <input type="checkbox"/> Full Time – Student \$100	
Mortgage Assessment	2009 / 2010 Assessment (N/A for full-time students)	\$ 120
Building Maintenance Fund	All members are expected to contribute \$1,500 toward the Congregational Building Maintenance Fund. This amount, less any amount that has been paid to previous URJ or USCJ Building Maintenance Funds is payable over the next ten years (N/A for full-time students). *If you would prefer to pay this obligation more quickly, we would of course be delighted to accommodate you. Also, please let us know if you have a different preference for this payment. Unless otherwise instructed, Kol Ami will automatically bill at a rate of \$150 per year	\$ 150*
Additional Dues	I would like to help Congregation Kol Ami by paying an additional amount this year	\$
Other Items – OPTIONAL <small>(to be paid in full with first payment)</small>	Sisterhood Annual Dues \$36 Kol Amigos Annual Dues \$36	\$
TOTAL TO BE PAID IN 2009/2010		\$

Payment Schedule

Early Bird Discount of \$50 if total balance paid in full by September 1, 2009

Offer valid only for members paying full dues as quoted above. Not valid for full-time student members or dues reduction requests.

- 1 Payment (Full Amount)
- Quarterly

Installments on Jul 1, 2009, Oct 1, 2009, Jan 1, 2010, and Apr 1, 2010. I understand that Kol Ami sends out billing statements in September, December, and March of each fiscal year.

- Monthly

Amount will reflect the number of payment periods before June 30, 2010. I understand that Kol Ami sends out billing statements in September, December, and March of each fiscal year.

Payment Method

- Check / Cash
- Credit Card

I authorize Congregation Kol Ami to charge my credit card the amount indicated above plus any outstanding obligations per the selected payment schedule. I understand that this payment schedule will be renewed annually at newly applicable rates until I instruct Kol Ami otherwise in writing.

Card type: Master Card Visa American Express Discover Card

_____ / _____
 Print name as shown on card Account Number 3 or 4 digit security code Expiration Date

Please be sure your card's expiration date is valid for your entire payment term and provide account info even if you are currently paying dues by credit card.

Signature: _____

Date: _____

If you would like a confidential application for Dues Reduction, please notify the office. The Dues Committee will request information from you and review it in strict confidence.