

**CONGREGATION KOL AMI
YOUTH DEPARTMENT
USY, KADIMA, MACHAR
MEMBERSHIP APPLICATION
2009 - 2010**

KOL AMI MEMBER (\$90.00) _____ NON-MEMBER (\$160.00) _____

NAME: _____
LAST FIRST DOB

ADDRESS: _____

HOME: _____ **CELL:** _____

EMAIL ADDRESS: _____

GRADE: _____

NAME OF MOTHER: _____ **PHONE:** _____

NAME OF FATHER: _____ **PHONE:** _____

EMAIL ADDRESS: _____

IF PARENTS CAN NOT BE REACHED CALL: _____

PHONE NUMBER: _____ **RELATIONSHIP:** _____

ARE YOU A MEMBER OF KOL AMI? _____

(IF PAYING WITH CREDIT CARD) TYPE: _____ **EXP:** _____

: _____ **SEC CODE:** _____ **ON FILE**

OFFICE USE ONLY:

METHOD OF PAYMENT: _____ **AMOUNT:** _____