



**2010/2011 NEW MEMBERSHIP FORM**

**GENERAL MEMBERSHIP INFORMATION**

Name(s): \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 City-State-Zip: \_\_\_\_\_

		AMOUNT
<b>Membership*:</b>	<input type="checkbox"/> Family	\$975
	<input type="checkbox"/> Single	\$650
	<input type="checkbox"/> Full-Time Student	\$100
	* New member rates are good for 1 calendar year. 2 <sup>nd</sup> year renewal occurs at regular rates prorated to July 1 of the 2 <sup>nd</sup> year of membership, at which point all members are included in the regular renewal schedule.	
<b>Mortgage Assessment:</b>	2010/2011 Assessment (N/A for full-time students)	\$ 120
<b>Building Maintenance Fund:</b>	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). *Please let us know if you have already paid at another synagogue or have a different preference for this payment. Unless otherwise instructed, Kol Ami will automatically bill the balance over a 10 year period.	\$ 150
<b>Other Items*:</b>	<input type="checkbox"/> Support Kol Ami further by paying an additional amount towards the High Holiday Appeal	\$
	<input type="checkbox"/> Sisterhood	\$36
	<input type="checkbox"/> Kol Amigos	\$36
	*All of these items are optional and are expected to be paid in full with first payment.	
<b>TOTAL TO BE PAID IN 2010/2011:</b>		<b>\$</b>

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PAYMENT SCHEDULE & METHOD**

- 1 payment (full amount) **Early Bird Discount of \$50 if total balance paid in full by September 1, 2010**  
*Offer valid only for members paying full dues as quoted above. Not valid for full-time student members or dues reduction requests.*
- Quarterly  
*Installments on Jul 1, 2010, Oct 1, 2010, Jan 1, 2011, and Apr 1, 2011. I understand that Kol Ami sends out billing statements in September, December, and March of each fiscal year.*
- Monthly  
*Amount will reflect the total amount indicated above divided over a 12 month period. I understand that Kol Ami sends out billing statements in September, December, and March of each fiscal year.*

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                       American Express                       Discover Card                       Visa

Print name as shown on card

Account Number

3 or 4 digit security code

Expiration Date

Signature \_\_\_\_\_

Date \_\_\_\_\_

*If you would like a confidential application for dues reduction, please contact Tamar Meir on 801.484.1501 x 22.*