

# Congregation Kol HaNeshama

1633 Boathouse Circle  
HA-131  
Sarasota, Florida 34231  
941 244-2042

## Application for Membership

We of Congregation Kol HaNeshama want to thank you for your interest and support. Being a new Congregation is very exciting. A spiritual and fulfilling service is just a start. We must build relationships, define ourselves as a community, develop bold programming, organize adult learning, initiate a religious school, choose our social action priorities, etc. These things take time and great effort, but by doing them together we can, and will, create both strong friendships and a strong synagogue community.

Our Membership structure is detailed below.

Your voluntary donation in any amount, accompanying this application will help to defray this year's expenses, and will be greatly appreciated as a tangible token of your commitment.

A one time contribution of \$10,000 gives you the honor of being a "Benefactor". A one time contribution of \$ 5,000 or more gives you the honor of being a "Founder". Each includes your first year's dues.

Contributions in any amount are welcome.

### Yearly Membership August 1, 2009--July 31, 2010 Including High Holiday Seats

	Full Membership	"Second Temple"*
Family (Couple and dependent children)	\$ 950	\$ 650
Single	\$500	\$ 350

### More if you are able

Type of membership applied for: ( ) Family ( ) Single ( ) Family 2<sup>nd</sup> Temple ( ) Single 2<sup>nd</sup> Temple

No one will be refused membership because of financial limitations.

\*You must be a current member of another synagogue.

## Congregation Kol HaNeshama Application Form

Adult 1

Adult 2

Title: ( ) Dr. ( ) Mr. ( ) Mrs. ( ) Ms. ( ) Miss	Title: ( ) Dr. ( ) Mr. ( ) Mrs. ( ) Ms. ( ) Miss
First Name	First Name
Middle Name	Middle Name
Last Name	Last Name
Informal Name	Informal Name
Marital Status ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed	Marital Status ( ) Married ( ) Single ( ) Divorced ( ) Separated ( ) Widowed
Date of Birth M/D/Y / /	M/D/Y / /
Wedding Anniversary Date M/D/Y / /	M/D/Y / /
Florida Street Address	Florida Street Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
E-Mail:	E-Mail:
Are you a Florida Resident?	Are you a Florida Resident?
Second address if Applicable	Second address if Applicable
Street	Street
City, State, Zip	City, State, Zip
Hebrew Name	Hebrew Name
Do you read Hebrew: ( ) Yes ( ) No	( ) Yes ( ) No
Would you like to participate in services? ( ) Chant Haftorah ( ) Chant Torah ( ) Lead Prayers	Would you like to participate in services? ( ) Chant Haftorah ( ) Chant Torah ( ) Lead Prayers
Prior Affiliation ( ) Yes ( ) No If yes, Synagogue - City, State -	Prior Affiliation ( ) Yes ( ) No If yes, Synagogue - City, State -
Present Affiliation ( ) Yes ( ) No If yes, Synagogue - City, State -	Present Affiliation ( ) Yes ( ) No If yes, Synagogue - City, State -
Are you Jewish? Yes ( ) No ( )	Are you Jewish? Yes ( ) No ( )

### Children

Name (first, middle last)	Date of Birth	Hebrew Name	Gender

Please check groups or activities that you would be interested in.

	Jewish Meditation		Ritual Committee
	Rosh Hodesh Women's Group		Fundraising
	Adult Bar / Bat Mitzvah		Synagogue board
	Jewish Learning		Finance
	Torah Study		Budget
	Learning About Shabbat Service		Newsletter
	Learning how to Read Torah		Publicity
	Reading Torah		Membership
	Learning to Lead Parts of Service		Helping in Congregation Office
	Leading Parts of the Service		Helping with Food Preparation
	Social Action		Israel Focused Study/Activity
	Teaching Classes		Choir/Chorus
	Teen Education		Jewish/Israeli Films Discussion
	Education for children		Group Discussions with the Rabbi
	Youth Activities		Book Group
	Social Groups		Yoga
	Adult Social Activities		

( ) Check if you will need child care in order to attend services on Shabbat morning.

What other activities would you like to see in our community?


I/We am hereby applying for membership.

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_