



Congregation Kol HaNeshama  
Sarasota, Florida

Application for Membership  
5778 – 5779      2018 - 2019

KH is an open and inviting shul, offering a *sukkat sh'lomekha* - a canopy of peace - for its members, the Jewish community, and our world. We are happy to welcome you to our community. The form below is the beginning of your membership.

Yearly Membership  
August 1, 2018 - July 31, 2019  
Including High Holiday Seats

	Full Membership	"Second Temple"*
Family (Couple and dependent children)	\$ 1,400	\$ 1,150
Single	\$ 700	\$ 575

\*You must be a current member of another synagogue  
No one will be refused membership because of financial limitations.

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

Adult 1	Adult 2
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
First Name	First Name
Middle Name	Middle Name
Last Name	Last Name
Florida Address	Florida Address
Other Address if applicable	Other Address if applicable
Date of Birth	Date of Birth
Home Phone	Home Phone
Cell Phone	Cell Phone
E-Mail:	E-Mail:
Do you belong to another Synagogue? If yes, Synagogue – City, State -	Do you belong to another Synagogue? If yes, Synagogue – City, State -

Children residing with you.

Name (first, middle last)	Date of Birth	Gender

I/We am hereby applying for membership.

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

Please send your check to:  
 Congregation Kol HaNeshama  
 PO Box 21655  
 Sarasota, Fl 34276

Thank You.