

CONGREGATION



9010 Miller Road  
 P.O. Box 11738  
 Bainbridge Island WA 98110  
 206-842-9010

**NEW MEMBER APPLICATION  
 FY2020-2021**

Today's date:
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ADULT INFORMATION

Last name	First name	Hebrew name (if applicable)	Birth date
Phone ( <input type="checkbox"/> <i>Unlisted</i> )		Email ( <input type="checkbox"/> <i>Unlisted</i> )	
Last name	First name	Hebrew name (if applicable)	Birth date
Phone ( <input type="checkbox"/> <i>Unlisted</i> )		Email ( <input type="checkbox"/> <i>Unlisted</i> )	
Address (Street, City, Zip) ( <input type="checkbox"/> <i>Unlisted</i> )			

CHILD INFORMATION

Last name	First name	Hebrew name	Year in school	Birth date
Last name	First name	Hebrew name	Year in school	Birth date
Last name	First name	Hebrew name	Year in school	Birth date
Last name	First name	Hebrew name	Year in school	Birth date

Please list any CKS members you know: \_\_\_\_\_

Please name previous congregations to which you belonged: \_\_\_\_\_

Which members of your family are Jewish? \_\_\_\_\_

If you have Yahrzeit dates you would like remembered, please list them here (attach additional page if needed):

Name: \_\_\_\_\_ Yahrzeit: \_\_\_\_\_ English or Hebrew Date?

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Yahrzeit: \_\_\_\_\_ English or Hebrew Date?

Relationship: \_\_\_\_\_



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FY2020-2021**

**WE VALUE YOUR MEMBERSHIP!**

**Annual Pledge:**

CKS does not have a fixed pledge amount. A suggested annual pledge is 2% of your household's annual income. The average pledge of \$1,850 (our current sustaining pledge level) covers only 55% of our total operating costs. Regardless of what you are able to pledge, you will be warmly welcomed to our CKS family.

Our fiscal year is July 1 to June 30. If you are joining mid-year, please indicate the **annual** amount you are pledging—your pledge will be prorated for the remainder of the fiscal year. Payment may be made by check, with Visa, MC or Discover, or through PayPal on our website.

**Your TOTAL Annual Pledge for FY2020-2021:** \_\_\_\_\_

**Payment Schedule:**

In full (payment enclosed): \_\_\_\_\_

**For VISA/MC/Discover:**

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security code (on back): \_\_\_\_\_ Billing address ZIP code \_\_\_\_\_

Email address: \_\_\_\_\_

- Semi-annually \_\_\_\_\_ once every 6 months (payments due in July and January)
- Quarterly \_\_\_\_\_ once every 3 months (payments due July, October, January, April)
- Monthly \_\_\_\_\_ (monthly payments are due every month from July through April)

Name: (print) \_\_\_\_\_

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

Questions? Please contact the board president [president@kolshalom.net](mailto:president@kolshalom.net) or the treasurer at [treasurer@kolshalom.net](mailto:treasurer@kolshalom.net).

Associate Membership? Please see page three. Yes <input type="checkbox"/> No <input type="checkbox"/>
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## MEMBERSHIP POLICY

1. We do not deny or discontinue membership due to an inability to pay, limited income, or financial hardship. To discuss a special arrangement concerning your annual pledge or Religious School tuition, please contact the CKS president [president@kolshalom.net](mailto:president@kolshalom.net) or CKS Treasurer at [treasurer@kolshalom.net](mailto:treasurer@kolshalom.net).
2. An annual calendar year financial statement is mailed to members in January for the preceding year, listing all Annual Pledge payments, donations, and Religious School tuition payments.
3. An additional statement may be mailed in July (our fiscal year ends on June 30) to members without special arrangement that have an overdue annual pledge or tuition balance in arrears for the recently ended fiscal year.
4. An increase in annual pledges may be requested, if warranted, based upon the annual budgetary process. All efforts are made to maintain current member pledge amounts.
5. Membership in Congregation Kol Shalom continues until a member resigns in writing.

**Please mail this form to:**  
**Congregation Kol Shalom**  
**P.O. Box 11738**  
**Bainbridge Island, WA 98110**

(or send an email to [admin@kolshalom.net](mailto:admin@kolshalom.net))

## ASSOCIATE MEMBERSHIP

Associate Membership at CKS is available at a reduced cost of \$250 per family to those who reside outside Kitsap County and who are members of another Jewish congregation.

Although voting at meetings and serving on our board or on committees requires a full membership, Associate Members are welcome to be part of our Congregation Kol Shalom Jewish community and will enjoy the following privileges:

- Tickets to High Holy Days services in our building
- Inclusion in, and access to, our membership roster
- Reduced member rates for adult education classes and special events