



5085 Walnut Lake Road, West Bloomfield, Michigan 48323

Phone: (248) 661-0040 Fax: (248) 661-5901

Website: www.tkolami.org Email: daniel@tkolami.org

Member Application

Date: ____/____/____

We are happy that you have chosen to join Temple Kol Ami. By filling out this form as fully as possible, you will help us to serve your needs to the best of our ability. The information you provide will remain confidential. Thank you for your cooperation and *baruch haba*, welcome to Temple Kol Ami.

Primary Member # 1

Title: Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ (MI) _____ Last Name: _____

Hebrew Name: _____ Maiden Name: _____

Birth date: (mm/dd/yy) ____/____/____ Home Email: _____

Cell Phone Number: (____) _____

Place of Employment: _____ Occupation: _____

Address: _____ Phone #: (____) _____

Primary Member # 2

Title: Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ (MI) _____ Last Name: _____

Hebrew Name: _____ Maiden Name: _____

Birth date: (mm/dd/yy) ____/____/____ Home Email: _____

Cell Phone Number: (____) _____

Place of Employment: _____ Occupation: _____

Address: _____ Phone #: (____) _____

Family Status

Single Engaged Married Partnered Separated Divorced Widow/Widower

Anniversary Date: ____/____/____

Were you married at Temple Kol Ami? Yes No

Home Information

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Phone # 1: (____) _____ Phone # 2: (____) _____

Family & Friends

Please list other family members or friends who are affiliated with Temple Kol Ami:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Other

Reason(s) for joining Temple Kol Ami: _____

Referred by: _____

Yahrzeit Observance

Should you desire to observe the Hebrew date and do not recall it, check "Hebrew date of death" and give the full English date and time of death and the Hebrew date will be determined for you.

Yahrzeit #1:

Deceased's Name: _____

Relationship: _____

I/We wish to observe the Hebrew date of death: ____/____/____

Secular date of death: ____/____/____ approximate time _____ AM PM

Yahrzeit #2:

Deceased's Name: _____

Relationship: _____

I/We wish to observe the Hebrew date of death: ____/____/____

Secular date of death: ____/____/____ approximate time _____ AM PM

Yahrzeit #3:

Deceased's Name: _____

Relationship: _____

I/We wish to observe the Hebrew date of death: ____/____/____

Secular date of death: ____/____/____ approximate time _____ AM PM

Children

Please fill in the following information as it applies to each of your children. Attach additional sheet if necessary.

Child #1:

Male Female Other _____ Enrolled in Temple Kol Ami Religious School? _____

Name: _____ Date of Birth: ____/____/____

Child's Hebrew Name: _____

Secular School: _____ Grade: _____

College Contact : College/University _____

Address: _____

Email: _____ Expected date of graduation: ____/____/____

Child #2:

Male Female Other _____ Enrolled in Temple Kol Ami Religious School? _____

Name: _____ Date of Birth: ____/____/____

Child's Hebrew Name: _____

Secular School: _____ Grade: _____

College Contact : College/University _____

Address: _____

Email: _____ Expected date of graduation: ____/____/____

Child #3:

Male Female Other _____ Enrolled in Temple Kol Ami Religious School? _____

Name: _____ Date of Birth: ____/____/____

Child's Hebrew Name: _____

Secular School: _____ Grade: _____

College Contact : College/University _____

Address: _____

Email: _____ Expected date of graduation: ____/____/____

Community Involvement

Please list any community activities, board affiliations, volunteer work or related experiences you have had. Please indicate Member #1 or Member #2.

Preferred Method Of Contact

I prefer to be contacted via: Home Phone Cell Phone Text Message Email Address

Please provide checked choice: _____

Building Improvement Fund

The Building Improvement Fund is assessed to all members. Young Adult members may defer the Building Improvement Fund Assessment until age 36. This fund is used to defray the cost of non-budgeted major improvements to the building and grounds. It is billed quarterly and is payable over five years.

Family Building Improvement Fund	\$2,000
Single Building Improvement Fund	\$1,000
Senior Building Improvement Fund	\$1,000

Application Signatures

I/We hereby apply for membership in Temple Kol Ami and if admitted, agree to conform and abide by the Constitution of Temple Kol Ami and its by-laws, rules and regulations now in effect, or which may hereafter be enacted.

Signature _____

Signature _____

Date: ____ / ____ / ____

Please speak to the Executive Director about how our unique Pledge System works.