

Congregation Kol Ami
A Conservative Congregation
Affiliated with the United Synagogue of Conservative Judaism
 3919 Moran Road
 Tampa, Florida 33618
 813-962-6338

B'ruchim Habaim: Welcome to Congregation Kol Ami
Membership Application Form

We are delighted that you are interested in Congregation Kol Ami. We would like to take this opportunity to tell you a little about ourselves. Please review our membership information brochure which is in this packet.

It is the hope of this congregation that our new members will feel welcomed, at home, and a part of our congregational family. This application helps us get to know critical information about our new members so we can more quickly involve you in synagogue life. Please take the time to fill it out thoughtfully.

Thank you for taking the time to complete the application.
Please print or type.

Date Prepared: _____

Name(s) of Adult Applicant(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Home fax: _____

| | FIRST ADULT | SECOND ADULT |
|------------------------------------|--------------------|---------------------|
| Full Name(First, Middle, Last) | | |
| Title (Mr., Ms., Mrs., Dr., Other) | | |
| Hebrew Name | | |
| Sex (Male/Female) | | |
| Date of Birth - month/date/year | | |
| E-mail Address | | |
| Occupation or Profession | | |
| Employer and/or Business | | |
| Business Phone | | |

| | | |
|--|-------------------------------|-------------------------------|
| Current Marital Status (Single, married, separated, divorced, widower) | | |
| If Married - month/date/year | | |
| Past or Present Synagogue Affiliation (name and address) (Please indicate if Orthodox, Conservative, Reconstructionist, or Reform), if any | | |
| Primary Congregational affiliation (if membership is Associate) | | |
| Ritual Purposes - I am a | ___Kohen ___Levi ___Israelite | ___Kohen ___Levi ___Israelite |
| Parents' Names (please include full names, and city/state where they live) | | |
| If you have relatives at Kol Ami, please list names/relationship. | | |

CHILDREN - Please provide the following as it applies to each of your children. (Please attach an additional sheet with identical information for additional children.)

| | Child 1 | Child 2 | Child 3 | Child 4 |
|---|---------|---------|---------|---------|
| Full Name (first, middle, last) | | | | |
| Hebrew name | | | | |
| Sex (M/F) | | | | |
| Date of Birth | | | | |
| Address (if different from yours) | | | | |
| Marital status | | | | |
| Will your child attend Kol Ami Religious School? | | | | |
| Will your child be attending Hebrew Day School? | | | | |
| If previously has had Bar/Bat Mitzvah Ceremony, please enter date/place | | | | |
| If currently attending post-high school education, enter program name. | | | | |

Yahrzeit Observance

Yahrzeiten are observed and announced at the religious service closest to the anniversary of the date of death. Please list the information below for family members you wish remembered.
(Add additional pages as needed.)

| | Relative 1 | Relative 2 | Relative 3 | Relative 4 |
|---------------------------------------|------------|------------|------------|------------|
| English Name | | | | |
| Hebrew Name | | | | |
| Relationship | | | | |
| Related To | | | | |
| Full English Date of Death (mm/dd/yy) | | | | |
| Before/After Sundown | | | | |
| Hebrew Date of Death (if known) | | | | |

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW SO WE CAN GET TO KNOW YOU AND FACILITATE YOUR INVOLVEMENT IN OUR CONGREGATION

What aspects of synagogue life interest you?

| | First Adult | Second Adult | | First Adult | Second Adult |
|------------------------------------|-------------|--------------|-----------------------------------|-------------|--------------|
| Accounting | | | Library | | |
| Adult Jewish Learning | | | Ma'asim Tovim (acts of kindness)* | | |
| Chai Lites (newsletter) | | | Membership Committee | | |
| Chavurah Committee | | | Men's Club | | |
| Chavurah Group | | | Music | | |
| Chorale | | | Publicity | | |
| College Outreach | | | Ritual Committee | | |
| Computer Technology | | | Sisterhood | | |
| Fellowship Committee | | | Social Action | | |
| Fund-raising/Endowments | | | Social Committee | | |
| Hazak | | | Social Events | | |
| House Committee | | | Technology | | |
| Kitchen | | | Youth Committee | | |
| Kol Yeladim Religious School Board | | | Youth Activities (events) | | |

*comforting the bereaved, cooking, visiting the sick, etc.

What are your skills and talents? Please check and list child's name where needed.

| | First Adult | Second Adult | Child | | First Adult | Second Adult | Child |
|-------------------------------|-------------|--------------|-------|---------------------|-------------|--------------|-------|
| Accounting | | | | Fund Raising | | | |
| Architecture | | | | Hebrew Instruction | | | |
| Art Work | | | | Hebrew Reading | | | |
| Chanting Haftarah | | | | Hebrew Speaking | | | |
| Chanting Torah | | | | Judaic Instruction | | | |
| Conducting Religious Services | | | | Musical Instrument | | | |
| Crafts | | | | Singing | | | |
| Drama | | | | Social Action | | | |
| Editing/ Proof Reading | | | | Teaching | | | |
| Financial | | | | Yiddish Instruction | | | |

Is there anything else that you would like us to know about you?

Background Questionnaire

It is very helpful to have an understanding of our members' Jewish backgrounds, so that we can meet your religious and educational needs. If there is information on this form that you are uncomfortable completing and you would rather discuss your background privately with the Rabbi, please indicate that. If you would like this information to be confidential and not attached to the rest of the membership application, please return it in a separate envelope to Rabbi Wasser, labeled "confidential."

Name(s) of adult applicant(s): _____

Date: _____

| | First Adult | Second Adult |
|--|-------------|--------------|
| Religious background in which you were raised: Conservative, Orthodox, Reform, minimal Jewish background, non-Jewish | | |
| Conversion to Judaism | | |
| Bar/Bat Mitzvah | | |
| Post B/Mitzvah studies, including Confirmation | | |
| Jewish camps | | |
| Jewish youth groups | | |
| College Jewish studies | | |
| Visited Israel | | |
| Lived in Israel | | |
| Hebrew reading | | |
| Hebrew speaking | | |
| Yiddish speaking | | |
| I would rather discuss with Rabbi | | |
| Please keep confidential | | |

If applicable:

Jewish Conversion:

Divorce:

Do you have a Get (Jewish divorce)?

Rabbi:
Synagogue:
Date:

Date:
Place:

Thank you for completing this application. Shalom.