



Kol Hadash New Member Application Period through August 31, 2019

Benefits:

- Rosh Hashanah and Yom Kippur Services Included
- Member Rate for Passover Seder
- Participation in social, discussion and book/film groups
- Membership in the national *Society for Humanistic Judaism*

Complete & mail with check payable to Kol Hadash to: KH Membership, P.O. Box 2777, Berkeley, CA 94702

Date		
Name	Adult #1	Adult #2
Street Address		
City, State and Zip		
Home Phone		
Alternate Phone		
Email Address		
Birthday (month, day)		
Anniversary		
Occupation		
Children at home:	Full Name / Birthdate	Grade in Fall '16
#1		
#2		
#3		
How did you hear about Kol Hadash?	<input type="checkbox"/> Web search <input type="checkbox"/> Solano Stroll <input type="checkbox"/> Referral from other website _____ <input type="checkbox"/> Jewish Resource Guide <input type="checkbox"/> Member (who?) _____ <input type="checkbox"/> Print Ad (where?) _____ <input type="checkbox"/> Calendar Listing in the J <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other _____	
Community Involvement	<p>As a small community attempting to offer many things, we depend on the involvement of our members. Please indicate which activities interest you:</p> <input type="checkbox"/> Membership <input type="checkbox"/> Hospitality <input type="checkbox"/> Finance <input type="checkbox"/> Rituals & Celebrations <input type="checkbox"/> Newsletter/Website <input type="checkbox"/> Programs <input type="checkbox"/> Tikkun Olam/Social Action <input type="checkbox"/> Outreach & Publicity <input type="checkbox"/> Interfaith Family Activities	

New Membership Introductory Donation Rates through August 31, 2019

Individual / Single Parent Family: **\$200/yr.** Family (2+ adults): **\$300/yr** Full Time Students: **\$100/yr**

NOTE: your membership donations are tax deductible.

- **Jewish New Year Special:** Your non-member cost for New Year's registration will be credited towards your membership if you join by November 30, 2018.
- **Financial assistance available upon request:** For those experiencing economic challenges please leave a message for Joyce Lewbin at 510-982-1455. All requests are kept strictly confidential.

Introductory Membership Category	<input type="checkbox"/> Individual: \$200/year <input type="checkbox"/> Family: \$300/year <input type="checkbox"/> Student: \$100/year	\$
Optional Additional Donations	<input type="checkbox"/> General Operating Fund <input type="checkbox"/> Adult Programming <input type="checkbox"/> Leadership Fund <input type="checkbox"/> Music Fund <input type="checkbox"/> Re-energize Family Programming <input type="checkbox"/> Please call me about a contribution	\$
Total		\$

Payment for half of total is enclosed and balance will be sent by January 1, 2019.
Other arrangements are also possible on an individual basis.

I do NOT wish my contact information to be included in the Kol Hadash member directory.

Please try to accommodate my/our special needs. (explain)

Additional Information you would like Kol Hadash to know about you and your household: