

1887 TIMBER CREEK ROAD FLOWER MOUND, TEXAS 75028-1145 972-539-1938 FAX: 972-874-1299 EMAIL: OFFICE@KOLAMI-TX.ORG HTTPS://WWW.KOLAMI-TX.ORG

DATE (mm/dd/yy):	: How did you hear about us?						
ADULT #1 Name: (first, m.i., la	ıst):						
Title: Preferr	ed Name:				Gender: Male	☐ Femal	
Address, City, Zip:							
Home Phone:				Cell Phone(s):			
E-Mail:			DOB (1	mm/dd/yy):			
Marital Status: ☐ Married ☐	☐ Divorced ☐ Single	e If married, da	te of marriag	ge (mm/dd/yy): _			
Read Hebrew? □Yes □	No Speak Hebro	ew? □Yes □ No	Read Tora	ah? □Yes □ No	Jewish? ☐ Ye	s 🗆 No	
If Jewish, Hebrew Name:	wish, Hebrew Name:		Name of last temple affiliated with, and location				
	If not Jewish, religion:			_Occupation:			
ADULT #2 Name: (first, m.i., la	sst):						
Title: Preferr	ed Name:				Gender: ☐ Male	☐ Femal	
Address, City, Zip:	Work Phone(s):		Cell Phone(s):				
	Work P	hone(s):					
Home Phone:							
Home Phone:			DOB (1	mm/dd/yy):			
Home Phone:E-Mail:	☐ Divorced ☐ Sing		DOB (1	mm/dd/yy):			
Home Phone: E-Mail: Marital Status: □ Married Read Hebrew? □Yes □	□ Divorced □ Sing No Speak Hebro	gle If married, dew? □Yes □ No	DOB (i ate of marria Read Tora	mm/dd/yy):age (mm/dd/yy):ah? □Yes □ No	Jewish? □ Ye	s 🗆 No	
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			DOB(mm/dd/yy) Relationship:			
	ewish? Yes No, If Jewish, Hebrew Name:		If not Jewish, religion			
Read Hebrew? □Yes □ No	Speak Hebrew? □Ye	es 🗆 No Read Tor	rah? □Yes □ No			
Name:	ne:					
Jewish? ☐ Yes ☐ No, If Jew	ewish? 🗆 Yes 🗖 No, If Jewish, Hebrew Name:		If not Jewish, religion:			
Read Hebrew? □Yes □ No	Speak Hebrew? □Ye	es 🗆 No Read Tor	rah? □Yes □ No			
I/WE ARE INTERESTED II	N PARTICIPATING I	N THESE ACTIVIT	IES: Check all that apply	y		
Brotherhood		Choir	Choir			
Sisterhood			ication Committee			
Jr. Youth Group (Gr 6-8)		Ritual Co	Ritual Committee			
Sr. Youth Group (Gr 9-12)		Tikkun O	lam Committee			
Youth Group Advisor		Building	Committee			
Chavurah			nbers Committee			
Education Committee		Members	hip Support Committee			
Religious School		Budget &	Finance Committee	_		
Teaching Hebrew Teaching		· ·	ng Committee			
ther areas of special interest to	you:					
hat special talents would you	•					
hat special talents would you AHRZEITS	like to share with the	congregation?				
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Please send **complete signed application**, **Religious School Registration Forms** (if applicable) along with **payment for the first installment of dues** to Congregation Kol Ami, 1887 Timber Creek Rd., Flower Mound, Texas 75028. Please call the temple office at 972-539-1938 if you have any questions. Thank you!

Signature (Adult #1)	Date
Signature (Adult #2)	Date
2-9-min-1 (-1-min-n)	

Rev 2/19

