

Membership Information (please fill out as completely as possible)

DATE (mm/dd/yy): _____ How did you hear about us? _____

ADULT #1 Name: (first, m.i., last): _____

Title: _____ Preferred Name: _____ Gender: Male Female

Address, City, Zip: _____

Home Phone: _____ Work Phone(s): _____ Cell Phone(s): _____

E-Mail: _____ DOB (mm/dd/yy): _____

Marital Status: Married Divorced Single If married, date of marriage (mm/dd/yy): _____

Read Hebrew? Yes No Speak Hebrew? Yes No Read Torah? Yes No Jewish? Yes No

If Jewish, Hebrew Name: _____ Name of last temple affiliated with, and location: _____

_____ If not Jewish, religion: _____ Occupation: _____

ADULT #2 Name: (first, m.i., last): _____

Title: _____ Preferred Name: _____ Gender: Male Female

Address, City, Zip: _____

Home Phone: _____ Work Phone(s): _____ Cell Phone(s): _____

E-Mail: _____ DOB (mm/dd/yy): _____

Marital Status: Married Divorced Single If married, date of marriage (mm/dd/yy): _____

Read Hebrew? Yes No Speak Hebrew? Yes No Read Torah? Yes No Jewish? Yes No

If Jewish, Hebrew Name: _____ If not Jewish, religion: _____

Occupation: _____

Member contact information is used to create a membership directory distributed solely to the membership of CKA. Membership Directory information is strictly used for congregation related communication. If you do NOT wish to have your email and cell phone information shared with other congregants, please check here

CHILDREN:

1st Child

2nd Child

3rd Child

First Name: _____

Middle Name: _____

Last Name: _____

Hebrew Name: _____

Date of Birth (mm/dd/yy): _____

Attend Religious School? Yes No Yes No Yes No

Planning Bar/Bat Mitzvah? Yes No Yes No Yes No

Living in Household? Yes No Yes No Yes No

For any child in Religious School not living with you, please list the child's name with address and phone number:

Religious School Classes include Pre-Kindergarten (age 4) thru confirmation (10th grade).

Would you like to receive a registration packet for religious school? Yes No

ADDITIONAL ADULTS LIVING IN HOUSEHOLD:

Name: _____ DOB(mm/dd/yy) _____ Relationship: _____

Jewish? Yes No, If Jewish, Hebrew Name: _____ If not Jewish, religion _____

Read Hebrew? Yes No Speak Hebrew? Yes No Read Torah? Yes No

Name: _____ DOB(mm/dd/yy) _____ Relationship: _____

Jewish? Yes No, If Jewish, Hebrew Name: _____ If not Jewish, religion: _____

Read Hebrew? Yes No Speak Hebrew? Yes No Read Torah? Yes No

I/WE ARE INTERESTED IN PARTICIPATING IN THESE ACTIVITIES: Check all that apply

- | | | | |
|---------------------------|--------------------------|------------------------------|--------------------------|
| Brotherhood | <input type="checkbox"/> | Choir | <input type="checkbox"/> |
| Sisterhood | <input type="checkbox"/> | Communication Committee | <input type="checkbox"/> |
| Jr. Youth Group (Gr 6-8) | <input type="checkbox"/> | Ritual Committee | <input type="checkbox"/> |
| Sr. Youth Group (Gr 9-12) | <input type="checkbox"/> | Tikkun Olam Committee | <input type="checkbox"/> |
| Youth Group Advisor | <input type="checkbox"/> | Building Committee | <input type="checkbox"/> |
| Chavurah | <input type="checkbox"/> | New Members Committee | <input type="checkbox"/> |
| Education Committee | <input type="checkbox"/> | Membership Support Committee | <input type="checkbox"/> |
| Religious School | | Budget & Finance Committee | <input type="checkbox"/> |
| Teaching | <input type="checkbox"/> | Fundraising Committee | <input type="checkbox"/> |
| Hebrew Teaching | <input type="checkbox"/> | | |

Other areas of special interest to you: _____

What special talents would you like to share with the congregation? _____

Yahrzeits

Name	Relationship	To Whom?	Secular Date	Hebrew Date

Please list date including year, if available. Do you observe on Hebrew or Secular date?

EMERGENCY:

In case of emergency, please contact:

Name: _____ Phone #1 _____

Address: _____ Phone #2 _____

Relationship: _____

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 _____

Rev 2/19