



**Membership Application
Contribution Form
5777 (Sep. 2016 - Sep. 2017)**

Your name: _____
 Name of Spouse or Partner: _____
 Children under 18, with names and dates of birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home phone: _____ Work phone: _____
 Mobile phone: _____ E-mail: _____

If you do not wish to have your contact information shared in our membership directory, please check this box

PLEASE PRINT ALL ABOVE CLEARLY

- | | | | |
|---|---|--|---|
| <u>Membership Contribution:</u> | | <u>Non-member Contribution:</u> | |
| <input type="checkbox"/> Sustaining Membership | \$540 | <input type="checkbox"/> High Holiday Services only | \$54/person
\$72/family
per holiday |
| <input type="checkbox"/> Family Membership | \$360 | | no charge for children under 13 |
| <input type="checkbox"/> Single Membership | \$270 | To insure adequate seating reservations are requested
Your membership includes High Holiday seating | |
| <input type="checkbox"/> High Holiday Services | | \$ | _____ |
| <input type="checkbox"/> Yizkor Contribution | | \$ | _____ |
| | Please include the names of persons on the reverse side | | |
| <input type="checkbox"/> Misheberach (healing) Contribution | | \$ | _____ |
| | Please include the names of persons on the reverse side | | |
| <input type="checkbox"/> Jewish Education | | \$ | _____ |
| | Children's Jewish Education Program: | | |
| <input type="checkbox"/> Building Fund Contribution | | \$ | _____ |
| <input type="checkbox"/> Unrestricted Contribution | | \$ | _____ |
| TOTAL ENCLOSED: | | \$ | _____ |

Please make your check payable to **Congregation Kona Beth Shalom** or to make payment using PayPal or credit card, go to konabethshalom.org and click on the PayPal donation button. Forward this application to:

**Michael Bernstone
PO Box 383205
Waikoloa, HI 96738-3205**

No one will be turned away from Services for inability to pay.

more info at www.konabethshalom.org

