



**Membership Application
Contribution Form
5778 (Sep. 2017 - Sep. 2018)**

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: _____

PLEASE PRINT ALL ABOVE CLEARLY

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

<u>Membership Contribution:</u>	<u>Non-member Contribution:</u>	<u>Tickets</u>
<input type="checkbox"/> Sustaining Membership \$540	<input type="checkbox"/> High Holiday Services only	\$60/person
	no charge for children under 13	\$90/family per holiday
<input type="checkbox"/> Family Membership \$360	To insure adequate seating reservations are requested	
<input type="checkbox"/> Single Membership \$270	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"/> Chevra Kadisha Contribution (burials)	\$ _____	
<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

