



**Membership Application  
Contribution Form  
5779 (Sept. 2018 - Sept. 2019)**

PLEASE PRINT CLEARLY

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

**Membership Contribution:**  
 **Sustaining Membership** \$540

**Family Membership** \$360

**Single Membership** \$270

**High Holiday Services**

**Yizkor Contribution**

Please include the names of persons on the reverse side

**Chevra Kadisha Contribution** (burials)

**Misheberach** (healing) **Contribution**

Please include the names of persons on the reverse side

**Jewish Education**

Children's Jewish Education Program:

**Building Fund Contribution**

**Unrestricted Contribution**

**Non-member Contribution:**  
 **High Holiday Services only**

no charge for children under 13

**Tickets**  
\$75/person  
\$120/family  
per holiday

**To insure adequate seating reservations are requested  
Your membership includes High Holiday seating**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

Please make your check payable to **Congregation Kona Beth Shalom** or to complete using PayPal or credit card, go to **[konabethshalom.org](http://konabethshalom.org)** and click on the **SUPPORT, MEMBERSHIP APPLICATION** 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](http://www.konabethshalom.org)

