



MEMBERSHIP APPLICATION
CONTRIBUTION FORM
5785 (Oct. 2024 - Sept. 2025)

PLEASE PRINT CLEARLY - USE OTHER SIDE IF NEEDED

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:

High Holiday Services will be held at New Thought Center of Hawaii and broadcast via Zoom

Category:

Amount Enclosed:

Membership Contribution Levels (High Holiday Services attendance free for all Members):

- Sustaining Membership \$540
Family Membership \$360
Single Membership \$180
Contribution for Non-Members for High Holiday Services on Zoom only \$36 per person per holiday

Additional Contributions:

- Yizkor Contribution
Chevra Kadisha Contribution (cemetery)
Misheberach (healing) Contribution
Mishkan HaNefesh: Machzor Bookplate Fund
Jewish Education Program
Building Fund Contribution
Unrestricted Contribution

TOTAL ENCLOSED:

Please make your payment to Congregation Kona Beth Shalom or go to konabethshalom.org and click on the SUPPORT, MEMBERSHIP APPLICATION button for PayPal or credit card.

Please print and 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

