



MEMBERSHIP

5787 (Sept. 2026 - Sept. 2027)

Renewing membership ☐
New member ☐

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 at New Thought Center Hawai'i in Kealahakua and live-streamed on Zoom.
KBS YouTube Channel & Facebook Page

Membership Contribution Levels (All levels include High Holiday seats):

- | | | |
|---|-------|----------|
| ☐ Sustaining | \$540 | \$ _____ |
| ☐ Family | \$360 | \$ _____ |
| ☐ Single Membership | \$180 | \$ _____ |
| ☐ Other (☐ Monthly or ☐ One-time) | | \$ _____ |

Additional Contributions:

- | | |
|---|----------|
| ☐ Yizkor Contribution | \$ _____ |
| Please include the names of persons on reverse side | |
| ☐ Chevra Kadisha Contribution (cemetery) | \$ _____ |
| ☐ Misheberach (healing) Contribution | \$ _____ |
| Please include person's names on the reverse side | |
| ☐ Mishkan HaNefesh: Machzor Bookplate Fund | \$ _____ |
| Include requested inscription wording on reverse side | |
| ☐ Jewish Education Program | \$ _____ |
| ☐ Building Fund Contribution | \$ _____ |
| ☐ Unrestricted Contribution | \$ _____ |
| <u>TOTAL ENCLOSED:</u> | \$ _____ |

Please print & mail this application to:

Una Greenaway - Treasurer
Congregation Kona Beth Shalom
P.O. Box 699
Kailua Kona, HI 96745

No one will be turned away from services for inability to pay

