



# Congregation Kol Halev

3906 N. Lamar Blvd, #203 Austin, TX 78756 512-419-0945 info@kolhalev.org

## MEMBERSHIP APPLICATION/PROFILE

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ If married, wedding anniversary: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_

E-Mail 1: \_\_\_\_\_ E-Mail 2: \_\_\_\_\_

### Adult 1

### Adult 2

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Jewish?  Yes  No  Yes  No

Jewish Background?  Reform  Conservative  Orthodox  Reconstructionist  Secular  Other

Jewish Education?  Religious School  Bar/Bat Mitzvah  Confirmation

Your Hebrew Name: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Who referred you to Kol Halev? \_\_\_\_\_

Family or friends affiliated with Kol Halev: \_\_\_\_\_

Prior congregation affiliation (Please list): \_\_\_\_\_

Involvement in other Jewish organizations (Please list): \_\_\_\_\_

**Business/Occupation Information**

**Adult 1:** Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Adult 2:** Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Children and/or Stepchildren**

Please provide the information about your children below:

**Child 1:** Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Sex:  Male  Female

Birthday (m/d/y): \_\_\_\_\_ Address (if different): \_\_\_\_\_

**Child 2:** Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Sex:  Male  Female

Birthday (m/d/y): \_\_\_\_\_ Address (if different): \_\_\_\_\_

**Child 3:** Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Sex:  Male  Female

Birthday (m/d/y): \_\_\_\_\_ Address (if different): \_\_\_\_\_

**Child 4:** Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ Sex:  Male  Female

Birthday (m/d/y): \_\_\_\_\_ Address (if different): \_\_\_\_\_

**Yahrzeits**

If you would like to receive Hebrew anniversary reminders of the death of a loved one, please provide the following information. Year of death **MUST** be included so that an accurate Jewish date can be determined.

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Related to: \_\_\_\_\_ Date of Death (*include year*): \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Related to: \_\_\_\_\_ Date of Death (*include year*): \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Related to: \_\_\_\_\_ Date of Death (*include year*): \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Related to: \_\_\_\_\_ Date of Death (*include year*): \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Related to: \_\_\_\_\_ Date of Death (*include year*): \_\_\_\_\_

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Related to: \_\_\_\_\_ Date of Death (*include year*): \_\_\_\_\_



# FINANCIAL SUPPORT PLEDGE FORM

## 1. Recommended Dues Commitment (the Biblical "Free-Will Offering")

Please check the category that applies to your membership:

Household--\$1200       Individual--\$750       Student--\$216

## 2. Additional "Free-Will Offering"

These contributions meet the fundamental needs of the Congregation and facilitate further programming developments.

Additional Pledge \_\_\_\_\_

## 3. Half-Shekel

In addition to dues, membership in Kol Halev requires a half-shekel (\$100) contribute per household to the Congregation. Your half-shekel contribution will be solicited in the season of the harvest festival of Sukkot.

## 4. Reduced Pledge Request

At Congregation Kol Halev we face the daily challenge of meeting our financial obligations (for our Rabbi, Music Program, Facilities, and much more). We need all of our congregants to support our community to the greatest extent possible. We are also aware of the fact that some of our congregants cannot support our community at the financial level requested. If you wish to hold a membership in Kol Halev, but with a lesser pledge of financial support, please complete the below:

Desired pledge level for 2003-2004 \_\_\_\_\_

Reason for Reduced Pledge:

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All congregant financial information will be kept in the strictest confidence, available only to members of the Finance Committee.

(SEE OVER FOR CONTINUATION OF FORM)

**5. Billing Cycle**

I wish to pay the above pledges:

**Annually**             **Semi-Annually**             **Quarterly**

**Please include your payment, or first installment, with your returned pledge form.**

**6. Optional Payment by Credit Card**

Payment by credit card costs the Congregation 3% of amount of the payment. Accordingly, we request that those paying by credit card make an additional 3% contribution to the Congregation.

Type of Card:     Visa             MasterCard

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Do you wish to be charged automatically throughout the year in accord with your billing cycle request above?     Yes     No

Do you agree to have an additional 3% added to your payments?     Yes     No

**7. Additional Information**

The fiscal year of Congregation Kol Halev runs from July 1 to June 30.

If you have any questions regarding annual membership pledges, please contact our Treasurer, Karen Glina, at 282-5559 or [kglina@yahoo.com](mailto:kglina@yahoo.com) or our Volunteer Coordinator, Don Becker, at [volunteer@kolhalev.org](mailto:volunteer@kolhalev.org).

Membership contributions are tax deductible. IRS regulations require stating that Congregation Kol Halev provided no goods or services in consideration of your contribution.

\_\_\_\_\_  
Signature of Adult 1

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult 2

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



# VOLUNTEER SERVICES PLEDGE FORM

**Each adult** participating in this membership should commit her or himself to **two** (or more) of the volunteer services listed immediately below (for next year).

**Become a Holiday Helper for:**

- High Holy Days
- Sukkot
- Simchat Torah
- Chanukah
- Tu B'Sh'vat
- Purim
- Passover
- Shavuot

**Other Needs:**

- Office Support
- Rabbi's Projects
- Cantor's Projects
- Friday Night Alive!

**Serve on a Committee:**

**Financial:**

- Finance
- Membership
- Development
- Marketing
- Spring Fundraiser

**Administrative:**

- Spiritual Development
- Personnel
- Communications
- Facilities

**Educational:**

- Adult Education
- Children's Programming

The Congregation also has a variety of opportunities for those who want to become more involved (or to work one larger job instead of several smaller ones). Please indicate which of the tasks below you would find fulfilling. If the task requested is currently available, you will be contacted presently about beginning this task (possibly in lieu of the selections above). If not, your interest will be noted for follow-up when that task becomes available.

- Board of Directors
- Coordinate a Holiday (Name of Holiday \_\_\_\_\_)
- Chair a Committee (Name of Committee \_\_\_\_\_)
- Coordinate a Program (Shabbat, Oneg, Chair Set-up, Religious School Co-op, B'nai Mitzvah, or Youth Group—Name of Program \_\_\_\_\_)

\_\_\_\_\_  
Signature of Adult 1

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult 2

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



# SHABBAT SERVICES PLEDGE FORM

## PART I:

At Congregation Kol Halev we have a tradition of supporting our Oneg Shabbat on Friday evenings. This support includes the donation of food items for the Oneg, as well as **assistance with the setup and cleanup** for the Oneg.

Each membership (household, individual, or student) will select a month during which you expect that you can support the Oneg on **one** Friday evening. You will subsequently be contacted by the Oneg Coordinator with whom you will make plans as to exactly which Friday evening's Oneg you will support (and from whom you can get whatever additional information you need to complete the task).

I pledge to support an Oneg in the month of \_\_\_\_\_. (Select from September 2003 through August 2004.)

## PART II:

Now that Congregation Kol Halev has its own facility (shared with JFS) we can independently meet our need to setup the chairs each Friday evening before services.

Each membership (household, individual, or student) will select a month during which you expect that you can assist (with others) in the setting up of the chairs **one** Friday evening. You will subsequently be contacted by the Chair Setup Coordinator with whom you will make plans as to exactly which Friday evening's chair setup you will assist (and from whom you can get whatever additional information you need to complete the task).

I pledge to assist a chair setup in the month of \_\_\_\_\_. (Select from August 2003 through August 2004.)

\_\_\_\_\_  
Signature of Adult 1

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult 2

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date