

Congregation Kadimah-Toras Moshe

113 Washington Street Brighton Massachusetts 02135

617-254-1333/4 Fax:617-254-1373 www.ktmshul.org E-mail: office@kadimahtoramoshe.org

Membership Information Form

Please print:

Member 1 name: _____
Title First M.I. Last

Hebrew name: _____ Kohen Levi Yisrael
Yours Father's Mother's

Day phone: _____ E-mail: _____

Subscribe to e-mail lists: Shul announcements Shul discussions Youth announcements Minyan times

Member 2 name _____
Title First M.I. Last

Hebrew name: _____ Kohen Levi Yisrael
Yours Father's Mother's

Day phone: _____ E-mail: _____

Subscribe to e-mail lists: Shul announcements Shul discussions Youth announcements Minyan times

Street address:

City: _____ State: _____ ZIP _____

Dependent children: (Use checkboxes to mark subscriptions to youth announcements e-mail list):

<u>Name</u>	<u>Hebrew Name</u>	<u>Birthdate</u>	<u>E-mail address</u>	
_____	_____	_____	_____	<input type="checkbox"/> e-list
_____	_____	_____	_____	<input type="checkbox"/> e-list
_____	_____	_____	_____	<input type="checkbox"/> e-list
_____	_____	_____	_____	<input type="checkbox"/> e-list

Yahrzeit:

<u>Name</u>	<u>Hebrew Name</u>	<u>Date</u>	<u>Hebrew Date</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach additional pages if more room is needed. **Form continued on reverse.**

For office use only:

_____ Recvd: _____ Pd: _____ CR CP CMC CG Cptr

In which of the following areas are you or a member of your family willing and able to participate?

- Torah reading
- Leading services
- Divrei Torah
- Kiddush set-up
- Seudah shlishit set-up and clean-up
- Kitchen
- Membership
- High Holiday seating
- Family Program
- Event planning
- Web design
- Bulletin
- Sisterhood

A member directory is published for the use of members only and is not made available to non-members. Members' and their children's names, phone numbers, addresses, and e-mail addresses are listed in the directory. Please indicate which information you would like to **exclude** from the directory:

- Daytime phone number
- Address
- Home phone number
- E-mail addresses
- Children's names
- Children's e-mail addresses
- Do not list in directory at all

Dues are as follows:

<u>Membership level</u>	<u>Annual dues</u>
Associate (non-voting)	\$100
Student	\$100
Individual	\$250
Family	\$500

New non-associate members receive a 50% discount on these rates and free High Holiday tickets during their first year of membership. Congregation Kadimah-Toras Moshe will not turn away any member due to inability to pay. If you are unable to pay the full amount, please contact Robert E. Fox, president, at 617-686-1015, to make alternate arrangements.

To help reduce billing costs and ensure financial stability, full payment is preferred at this time. However, renewing members may defer payment of up to half of the total owed; a bill for the remainder will be sent in approximately six months.

Dues owed: \$ _____

Dues paid now: \$ _____

Additional contribution: \$ _____

Total amount enclosed: \$ _____

To pay by credit card: Name as it appears on card: _____

Card number:

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Exp. Date:

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To donate to the Family Program, please enclose a **separate** check made out to "KTM Family Program."

Please send this form and payment to:

Congregation Kadimah-Toras Moshe
 113 Washington Street
 Brighton MA 02135