



"Voice of the Heart" – a synagogue community

MEMBERSHIP, 2009-2010; 5769-5760

___Membership renewal ___New Membership

___Family membership, includes all dependent children: \$1250

___Individual membership: \$800

___Additional contribution: _____

- Unrestricted: _____
- Rabbi's discretionary fund: _____

___If you wish to request a reduced membership level, check here and contact Bernard Guyer (President) at 410-366-2760.

___If you wish to pay in installments, check here and specify time interval.

Total contribution: _____

Please return this form with payment before September 1, 2009.

Name(s): _____

Address: _____

Updated email addresses: _____

Phone number(s) _____

Make check payable to **Kol HaLev**

Send to: *Kol HaLev*,
P.O.Box 16399
Baltimore MD 21210

Please complete additional information requested on page 2 (over)

Family Information:

Spouse's Name (if applicable): _____

Yahrzeits (name, relationship, date of death):

If a new member, how did you hear about Kol HaLev?

Please become involved in on of our committees:

_____ Membership

_____ Hospitality/events/food

_____ Family & Children's Programming & Education

_____ Finance

_____ Communications

Other Interests?

_____ Adult Education

_____ Music

_____ Interfaith Programming

_____ Social Justice/Activism

_____ Activities. i.e., outside speakers, cultural activities, wine tastings, book club]

_____ B'nai Mitzvah Family Program

_____ Board membership

Additional Ideas or Suggestions:

If you have other questions about Kol HaLev, please contact Bernard Guyer:

bguyer@jhsph.edu or Rabbi Geoff Basik: gbasik@comcast.net

Your membership will be acknowledged with a welcome packet. Get more information and updates at: www.kolhalevmd.org