



"Voice of the Heart" – a synagogue community

NEW MEMBERSHIP FORM, 5771 (2010-11)

___ Family membership, includes all dependent children: \$1,250

___ Individual membership: \$800

___ Chai-5 Campaign pledge or contribution: _____

___ Rabbi's discretionary fund: _____

Total contribution: _____

___ 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.

Please return this form with payment before August 1, 2010.

Name(s): _____

Address: _____

Updated email addresses: _____

Phone number(s) _____

Make check payable to **Kol HaLev**

Send to: Kol HaLev,
6200 North Charles Street, Suite 102
Baltimore MD 21212

Please complete additional information requested on page 2 (over)

Family Information:

Spouse & children (if applicable): _____

Yahrzeits (name, relationship, date (month and day) of death): _____

How did you hear about Kol HaLev? _____

Please become involved in one of our committees:

- _____ Membership
- _____ Hospitality/events/food
- _____ Family & Children's Programming & Education
- _____ Finance
- _____ Communications
- _____ Social Justice
- _____ Music/choir

Other Interests?

- _____ Adult Education
- _____ Interfaith Programming
- _____ Cultural activities. i.e., outside speakers, 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 (President): 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