



Kol HaNeshamah

West Seattle's Progressive Synagogue Community
6115 SW Hinds Street
Seattle, Washington 98116
206-935-1590
www.khnseattle.org

MEMBERSHIP APPLICATION

Welcome to Kol HaNeshamah! We are delighted that you are interested in joining our community. Membership at Kol HaNeshamah is an enriching experience and we encourage all members to explore the diverse opportunities for Jewish expression and engagement available at Kol HaNeshamah. We look forward to connecting with you!

If you have any questions filling out this application, please call our office at **206-935-1590** or send an email to membership@khnseattle.org and we will contact you to provide assistance. Please note that your contact information will be listed in the Kol HaNeshamah Membership Roster unless you choose to opt-out.

Date _____

Name(s) to be used on mailing labels _____

Address _____ City/State/Zip _____

Phone (home) _____

~ Adult #1 ~

Name _____ Birth date _____

Phone (mobile) _____ Email _____

Occupation _____ Employer _____

What religious tradition did you grow up with, if any? _____

What religious tradition do you identify with today, if any? _____

~ Adult #2 ~

Name _____ Birth date _____

Phone (mobile) _____ Email _____

Occupation _____ Employer _____

What religious tradition did you grow up with, if any? _____

What religious tradition do you identify with today, if any? _____

For additional adults check here and attach a list

~ Children ~

Include information about children who are part of the household membership.

First Name	Last Name	Birth date	Grade & School
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For additional children check here and attach a list

~ Yahrzeits ~

Include the following information to commemorate the anniversary of a loved one's passing.

Yahrzeit notifications will be sent for parents, children, spouses/partners, and siblings of adult members.

Name of Deceased	Relationship to Member	Date of Death	After sunset?
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For additional Yahrzeits check here and attach a list

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How did you find out about Kol HaNeshamah? _____

Do you have family and friends who are members at Kol HaNeshamah?

Name of Member	Relationship
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Please describe your hopes and goals for your membership experience at Kol HaNeshamah:

Please tell us any information about you or your family that is important for us to know, including any special needs or requests for accommodations (e.g. audio, visual, wheelchair).

~ Community Involvement and Volunteering ~

At Kol HaNeshamah we value active participation and depend on each member to build and sustain our vibrant community. Our hope and expectation is that **every member** engages in meaningful ways and we believe that sharing our time and talent deepens connections, fosters intimacy, and strengthens our community. Please tell us how you would like to help our community thrive. Attach additional sheets for each household adult member (including post B'Nei Mitzvah teenagers!), as necessary.

Name #1: _____

I am interested in helping in these areas:

- Education:** help shape the children's and adult education programs.
- Finance:** develop the annual budget and monitor KHN's income & expenses.
- Fundraising:** plan and execute fundraising programs and events.
- Membership:** promote membership, welcome and connect members, plan events.
- Religious Life:** work with the Rabbi to establish communal worship practices.
- Technology:** help develop and improve our IT systems and infrastructure.
- Tikkun Olam:** help our synagogue achieve a socially just, sustainable and healthy world.

I can volunteer these skills and talents:

- Administration, Office Assistance
- Art, Crafting, Knitting, Sewing
- Business, Finance, Accounting
- Computer, Technology, Website, Database
- Construction, Electrical, Plumbing, Maintenance
- Cooking, Baking
- Counseling, Social Work, Psychology
- Drama, Theater, Dance
- Event Planning, Coordinating social activities
- Fundraising, Grant research & writing
- Gardening, Yard work
- Hebrew Proficiency, Hebrew Tutor, Torah Reading
- Music, Singing, Playing an instrument
- Teaching, Education, Curriculum development
- Writing, Editing, Marketing, Public Relations
- Youth Group Activities

Gemilut Hasadim: Acts of Lovingkindness

- Abraham and Sarah's Kitchen: provide meals for members experiencing life transitions
- Bikur Cholim: visit the sick
- Chevra Kadisha: prepare bodies for burial
- Shivah Minyan: comfort the bereaved
- Hachnasat Orchim/hospitality: greeter at services, setup/cleanup potlucks, host Shabbat in the Home
- Provide transportation & carpools

Other: _____

Name #2: _____

I am interested in helping in these areas:

- Education:** help shape the children's and adult education programs.
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Other: _____

~ PLEDGE OF FINANCIAL SUPPORT ~

As part of our obligation to create and sustain a kehillah kedoshah—a *sacred community*—we each assume responsibility for meeting the financial requirements of our synagogue. The Torah teaches “You shall set aside every year a tenth part of all the yield of your sowing that is brought from the field”(Deut 14:27). From that time until now Jewish communities have been self-sustaining – relying on each member to set aside the resources necessary to enable us to live Jewishly, meet our holy obligations, and care for one another with intention and lovingkindness. Kol HaNeshamah uses a Fair Share Pledge model which echoes this biblical notion and adds to the tradition by creating a sliding scale for pledging financial support, ranging from 1% to 2.5% based on gross household income. The Fair Share Pledge system relies on the faithful accounting of each household to ensure that our congregation has the means it requires to survive and to thrive.

Please use the table below to determine your minimum Fair Share Dues commitment. We expect all members to commit to an honest, accurate, and meaningful pledge according to the Fair Share guidelines, and encourage you to exceed the minimum commitment whenever possible. Please note that the actual KHN cost **per member household** for the current year is \$2,300.

Total Gross Household Income:	Fair Share Pledge Minimum:
Less than \$40,000	1.0 % of your income
\$40,000 - \$80,000	1.5% of your income
\$80,000 - \$120, 000	2.0 % of your income
Over \$120,000	2.5 % of your income

No one will be denied membership for financial hardship. We understand that, in some cases, a person or household simply cannot afford the full pledge set by Fair Share. If this is the case, we invite you to contact the Kol HaNeshamah Treasurer (treasurer@khnseattle.org) to discuss any special considerations.

My/Our annual membership dues pledge: \$_____.

I/We would like to make:

- 12 monthly payments (due July 1st, and the 1st of each month through June 1)
- 4 quarterly payments (due July 1, October 1, January 1, April 1)
- 1 annual payment (due July 1)

Membership pledges are payable by check, credit card, or with your electronic bill pay system. In order for Kol HaNeshamah to avoid the 2.5% fee charged by credit card companies, we strongly encourage members to pay via their bank’s online payment method.

I plan to make my pledge payments through:

- Check Electronic Bill Pay System Credit Card

Enclosed is my/our first pledge payment of \$_____.

Name (please print): _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please mail your completed Membership Application and Pledge of Financial Support to Kol HaNeshamah: 6115 SW Hinds Street, Seattle, WA 98116. You will receive a call once the application package has been reviewed.

Todah Rabah! Thank you!