

Kol Haverim
PO Box 4972
Ithaca, NY 14852-4972

| | | | |
|-----------------|----------------|-----------------|--|
| ADULT MEMBER 1: | | ADULT MEMBER 2: | |
| EMAIL: | | EMAIL: | |
| PHONE: | | PHONE: | |
| ADDRESS: | | | |
| CHILDREN: | DATE OF BIRTH: | | |

| | |
|--|----------|
| RATES Please indicate your membership option: | |
| <p>BASIC MEMBERSHIP</p> <p><input type="checkbox"/> Individual: \$180*</p> <p><input type="checkbox"/> Family: \$250*</p> <p>NEW MEMBERSHIP</p> <p><input type="checkbox"/> Individual: \$150*</p> <p><input type="checkbox"/> Family: \$200*</p> <p>SUSTAINING MEMBERSHIP:</p> <p><input type="checkbox"/> Individual: \$250*</p> <p><input type="checkbox"/> Family: \$350*</p> <p>* Fees are normally paid for the full year. They may be paid in two installments by prior arrangement. KH is committed to making membership and participation accessible to all. We follow the HUD guidelines in offering reduced fees for those households below Ithaca median income. For further information, please contact Alla Lukina treasurer@kolhaverim.net</p> | \$ _____ |
| <p>ADDITIONAL CONTRIBUTIONS</p> <p>To support Programming, Music at Holidays and Programs, Caring Committee, etc.</p> | \$ _____ |
| <p>TOTAL AMOUNT ENCLOSED:</p> <p>Please make checks payable to "Kol Haverim" and send to the address above</p> | \$ _____ |

Photo Waiver: I grant Kol Haverim permission to use photographs of my and my family taken at Kol Haverim events to be displayed on the Kol Haverim website and facebook page. Yes No

Kol Haverim is a 501(c)(3) non-profit organization. Your Contributions are tax deductible to the full extent of the law.

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Kol Haverim Participation Sign-up

Please mark off at least two ways in which each adult member in your household can be involved. Please also mark off anyway you can support the caring committee.

| | Name: | Name: | Name: |
|-----------------------|-------|-------|-------|
| Programming | | | |
| Holidays | | | |
| Social Action | | | |
| Community Service | | | |
| Education | | | |
| Newsletter | | | |
| Publicity | | | |
| Fundraising | | | |
| Youth Activities | | | |
| Board membership | | | |
| Other please specify: | | | |
| | | | |
| | | | |

Caring Committee

Kol Haverim strives to create a supportive community for all its members. Please indicate at least one way your household can provide to support to the community:

- Cooking a meal
- Giving a ride
- Shopping or other errands
- Providing childcare
- Lending a hand, e.g. around the house or with a move
- Organizing help and being a 'point person' to check with the household receiving help
- Other _____

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AFFILIATE SUPPORTER

| | |
|----------|--|
| NAME: | |
| EMAIL: | |
| PHONE: | |
| ADDRESS: | |

| | |
|---|----------|
| AMOUNT ENCLOSED: | |
| Please make checks payable to "Kol Haverim" and send to the address above | \$ _____ |

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