

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 2021-2022 Please indicate your membership option:	
<p>BASIC MEMBERSHIP</p> <p><input type="checkbox"/> Individual: local (\$152) + \$68 SHJ = \$220*</p> <p><input type="checkbox"/> Family: local (\$252) + \$68 SHJ = \$320*</p> <p>NEW MEMBERSHIP</p> <p style="padding-left: 40px;">Discount \$50</p> <p>SUSTAINING MEMBERSHIP:</p> <p><input type="checkbox"/> Individual: local (\$282) + \$68 SHJ = \$350</p> <p><input type="checkbox"/> Family: local (\$332) + \$68 SHJ = \$400</p> <p>* Fees are normally paid for the full year. They may be paid in two installments by prior arrangement. Kol Haverim pledges to never turn anyone away for lack of ability to pay. Please indicate the amount you are able to contribute if less than the full membership fee.</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 me and my family taken at Kol Haverim events to be displayed on the Kol Haverim website and Facebook page.

Yes No Initials: _____

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

**Kol Haverim
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AFFILIATE SUPPORTER (2021-2022)

NAME:	
EMAIL:	
PHONE:	
ADDRESS:	

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