



MEMBERSHIP APPLICATION

2026-2027



TEMPLE KOL AMI

It's Where We **Do Jewish**

15030 N. 64th Street Scottsdale, AZ 85254

☎ (480) 951-9660 🔗 templekolami.org



IT'S WHERE WE DO **HOLIDAYS**

- High Holy Days
- Chanukah
- Purim Carnival & Shpiel
- Sukkot Under the Stars
- 2nd Night Passover Seder
- Shabbat Service
Every Friday at 7:00 PM
- Monthly Tot Shabbat
Service at 5:30 PM
- Monthly Café Kol Ami Dinner
on Shabbat at 6:00 PM



IT'S WHERE WE DO **SOCIAL ACTION**

- Blood Drives
- Thanksgiving Turkey Train
- Annual Food Drive
- Israel Advocacy
- Refugee Support
- Clothing & Toy Drives
- Little Pink Houses of Hope
- Summer Water Drives

IT'S WHERE WE DO **EDUCATION**

Families

- Annual Family Retreat
- Tikkun Olam Opportunities
- Holiday Celebrations

Preschool

- Early Childhood Center (Infant - Pre-K)
- Early Childhood Center Camp Programs

School-Aged

- Religious School (K - 6th Grade)
- eBrew (Online Hebrew Training)
- B'nai Mitzvah Training

Teen Learning & Leadership

- Youth Choir (2nd - 6th Grade)
- Teen Travel

Adults

- Schmooze with the Rabbi
- Jewniversity
- Intro to Judaism
- eBrew (Online Hebrew Training)
- Jewish Baby University
- Adult Bar/Bat Mitzvah
- Special Events



IT'S WHERE WE DO **COMMUNITY**

- Bless the Pets
- Social Activities & Book Club for Adults 60+
- Business Connect
- Dads Group & Moms Group
- Israel Independence Day
- Yizkor & Yom Hashoah
- Interfaith Programming & Dialogue
- Under the Red Tent
- Women's Group
- Rosh Chodesh learning with Cantor Noa
- Fundraising Events
- Splash Pad Events
- Weekly meeting of Schmooze with the Rabbi
- Weekly Torah Study with the Rabbi

TEMPLE KOL AMI**MEMBERSHIP APPLICATION 2026-2027**

Please complete this application so we can better serve you and your family. We are pleased to have you join our Temple Kol Ami community and look forward to "Doing Jewish" with you!

ADULT #1

First Name _____ Last Name _____ Nickname _____

DOB ____/____/____ Sex: Male Female Hebrew Name _____

Address _____ City _____ State ____ Zip _____

Community Gate Code: _____

Phone #s: Home _____ Cell _____ Work _____

Email _____ Occupation _____ Employer _____

Full Time Part Time Retired: Former Occupation _____

ADULT #2

First Name _____ Last Name _____ Nickname _____

DOB ____/____/____ Sex: Male Female Hebrew Name _____

Address _____ City _____ State ____ Zip _____

Community Gate Code: _____

Phone #s: Home _____ Cell _____ Work _____

Email _____ Occupation _____ Employer _____

Full Time Part Time Retired: Former Occupation _____

Marital Status S M W D Wedding Anniversary (month / day / year) ____/____/____

What brought you to Temple Kol Ami? _____

Previous synagogue affiliation? _____

Please provide us any other information that will help us to serve the needs of your family:

GET INVOLVED & MAKE NEW FRIENDS: BECOME A VOLUNTEER!

We need you! Your skills are always welcome. Please indicate your areas of interest.

- | | | |
|---|---|--|
| <input type="checkbox"/> Caring Committee | <input type="checkbox"/> Golf | <input type="checkbox"/> Youth & Education |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing & Communications | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Age 60+ Programs | <input type="checkbox"/> Women's Programs |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Membership | <input type="checkbox"/> Other: _____ |



CHILDREN

Please check the "RS" box if your child will be attending Religious School and indicate their grade as of August 2025. If your child is attending Religious School, please complete the health forms at templekolami.org/health/

Child's Name _____ M____/F____ DOB ____/____/____ RS

Weekday School _____ Grade _____

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Weekday School _____ Grade _____

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Weekday School _____ Grade _____

Child's Name _____ M____/F____ DOB ____/____/____ RS

Weekday School _____ Grade _____

Yahrzeit Reminders

We will mail you a Yahrzeit reminder if you would like. Please list your relatives below.

Would you prefer a *Hebrew Date* or *Gregorian Date* anniversary reminder? **Please check one.**

Name Relationship and to whom? Date of Death (month, day & year)

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**MEMBERSHIP CATEGORIES**

Age is based on oldest spouse.

College Students

≤ 25 \$88

Single

26-30 \$180

31 \$336

32 \$498

33 \$660

34 \$956

35 \$1,290

36 \$1,644

37 \$1,788

38 \$1,938

39 \$2,100

40-64 \$2,280

Senior (65+) \$1,278

Couples/Family

26-30 \$336

31 \$498

32 \$660

33 \$1,152

34 \$1,632

35 \$2,268

36 \$2,652

37 \$2,976

38 \$3,288

39 \$3,462

40-64 \$3,648

Senior (65+) \$1,824

Associate Membership

Primary residence out-of-state \$816

Leadership Levels

Giving at these levels enables our community to provide for those who are in need and provides support for unique programs. Support at leadership levels will be recognized in temple communications unless otherwise instructed.

Builder \$5,000

Leader \$7,500

Visionary \$10,000

Tzedakah \$ _____

(any additional support above your membership level)

RELIGIOUS SCHOOL

Please select the grade(s) your child(ren) will attend. School health forms are available for completion online at templekolami.org/health/

K-3 Sunday \$996

4-6 Sunday \$1,296

7 Sunday \$250

8-12 Madrichim \$0

8-9 L.A. Trip Registration & Pricing at:

10-12 D.C. Trip templekolami.org/tkparents

Religious School Tuition Policy

Fees are a yearly obligation and not prorated for early withdrawals or late registration. Monthly autopay of membership fees and tuition is required for families with a child in Religious School. See FORM 4.

Religious School fees are fully tax deductible.

ANNUAL SECURITY FEE

\$400

The safety of our members, students, and staff is of the highest priority to the leadership of our congregation. This fee is paid in full at the beginning of the membership year and provides the funding to hire professional guards for our events, and to make physical/health security improvements to our facility.

MEMBERSHIP	+	TZEDAKAH	+	RELIGIOUS SCHOOL	+	\$400	=	\$	TOTAL
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PAYMENT OPTIONS

PLEASE NOTE: AN AUTOMATIC PAYMENT OPTION MUST BE SELECTED IF YOU HAVE CHILDREN IN THE EARLY CHILDHOOD CENTER AND/OR RELIGIOUS SCHOOL PROGRAMS

Payment by Check: Pay in Full \$ _____ (please enclose check when returning application)

Automatic Withdrawal from Checking/Savings Account:

please complete **WITHDRAWAL AUTHORIZATION on FORM 4**

Pay in Full \$ _____

Monthly

Automatic Credit Card/Debit Card Payments:

please complete **CREDIT CARD AUTHORIZATION on FORM 4**

note: there is a 4% administrative fee for every credit/debit card transaction

Pay in Full \$ _____

Monthly

Please Read and Sign Below

Membership support and fees for the year are to be paid in full by June 30, 2027. There will be a charge of \$35.00 for insufficient funds.

If opting to make monthly payments, the \$400 security fee is due/charged in full at the time of your first installment.

A tax receipt will be provided for all payments at the end of the calendar year.

By completing this form, I agree to accept responsibility for the payment of all my financial obligations to Temple Kol Ami for the entire 2026-2027 fiscal year ending June 30, 2027, according to my chosen commitment.

Name: _____ Signature: _____ Date: _____



CHECKING/SAVINGS WITHDRAWAL AUTHORIZATION AGREEMENT

I (We) authorize Temple Kol Ami to automatically withdraw all financial obligations, including, but not limited to Membership Support, Religious School, Early Childhood Center, Youth Group and other donations and pledges owed to Temple Kol Ami from my Checking/Savings Account. This authority is to remain in effect until I provide written notification to Temple Kol Ami to discontinue the use of the account number provided. Additionally, should I need to change the authorized account number, I (We) agree to provide a new account number with a new voided check/deposit slip.

As a convenience to me, I hereby request and authorize the banking institution below (the "Bank") to pay and charge to my account drafts on my account by and payable to the order of Temple Kol Ami, Scottsdale, AZ, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to such draft shall be the same as if it were a check drawn on the bank and signed personally by me. This authority is to remain in effect until revoked by me in writing and until the Bank actually receives such notice. I agree that the bank shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever. Should any draft not be honored by the Bank upon presentation, I understand that this method of payment may be terminated.

Please select which account you would like to use:

Checking

Savings

Name: _____ Signature: _____ Date: _____

Please attach a voided check here.

CREDIT CARD AUTHORIZATION AGREEMENT

I (We) authorize Temple Kol Ami to process all financial obligations, including but not limited to, Membership Support, Religious School, Youth Group, Early Childhood Center, and other donations and pledges owed to Temple Kol Ami on my credit card. This authority is to remain in effect until I provide written notification to Temple Kol Ami to discontinue the use of the card provided. Additionally, should I need to change the authorized credit card number, I (We) agree to provide a new credit card number either in writing or via telephone authorization.

please note: there is a 4% administrative fee for every credit/debit card transaction

VISA

MasterCard

Discover

American Express

Name (as it appears on card): _____

Credit card number: _____ Exp.: _____ Sec. Code: _____

Credit Card Billing Address: _____ Zip Code: _____

Signature: _____ Date: _____



eBrew

ONLINE HEBREW LEARNING AT TKA

CONVENIENT.

INTERACTIVE.

MEANINGFUL.

We are excited to tell you about our online Hebrew School program, eBrew, at Temple Kol Ami. Now you can learn Hebrew from the comfort of your home, on your schedule! TKA's eBrew program is fun, convenient, and meaningful -- it's learning at the click of a button.

NOT JUST FOR KIDS.

eBrew is can be used by adults, too!

Sign up for one-on-one Hebrew learning -- whether you need a refresher or are starting from scratch -- we have an online program for you. Would you like to learn the prayers form Shabbat service? Interested in learning conversational Hebrew? eBrew is perfect for you!

CALL THE TEMPLE OFFICE TO LEARN MORE ABOUT TKA'S EBREW PROGRAM! (480) 951-9660



TKA'S MISSION

Temple Kol Ami is a warm and friendly Reform Congregation. Our Mission is to improve and inspire the lives of all generations through "Doing Jewish." We provide opportunities to experience the spirituality and vitality of Judaism. Through innovative education and worship we instill core Jewish values that bring us all to a better world.

ANY QUESTIONS?

Email **Rabbi Schneider** at:
rabbi@templekolami.org

Email **Allison Galvin** at:
director@templekolami.org

TKA'S VISION

We accomplish our mission through inspiring services and experiential programs, community service (tikkun olam), and deep appreciation for tradition.

We offer unique experiences:

Participatory Shabbat services that engage all segments of our community.

Creative and experiential educational programs for children and adults.

Meaningful social action that helps our broader community.

B'nai Mitzvah preparation and services that are tailored to each child.

CLERGY

Rabbi Jeremy Schneider, RJE
Cantor Noa Shaashua
B. Charles Herring, Rabbi Emeritus
Raina Sinclair, Cantor Emeritus

TEMPLE STAFF

Allison Galvin, Executive Director
Rachael Valentine, Youth Director
Christina Pfnister, Finance Director
Sedona Eberspecher, Marketing Director
Erika Parsel, Executive Assistant

EARLY CHILDHOOD CENTER STAFF

Nicole Stokes, ECC Director
Erika Curtis, ECC Assistant Director

BOARD OF TRUSTEES

Russ Palay | President
Courtney Beyer | Co-Vice President
Michelle Abrams | Co-Vice President
Ted Frumkin | Co-Treasurer
Brian Foltyn | Co-Treasurer
Arin Finger | Co-Secretary
Irwin Grossman | Co-Secretary
Josh Cohen | Past President
Michael Aurit
Noah Blechman
Paige Cohen
Nikki DeLeon Martin
Ken Reiss
Michael Schefman
Marci Gluck- Stewart
Beth Weinstein



PLEASE RETURN COMPLETED PACKET TO:

Temple Kol Ami | 15030 N. 64th St., Scottsdale, AZ 85254



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