



Membership Form

2024-2025

PERSONAL INFO

Name: _____

Returning Members: PLEASE COMPLETE THIS SECTION even if your information has not changed

Address: _____

City / State / ZIP: _____

Best Phone: _____ Alternative Phone _____

Email address: _____

Name of spouse or household contact for noting on Membership Roster

Voice part: Soprano Alto Tenor Bass/Baritone

FINANCIAL INFO

Annual Dues:

Adult \$350

Additional family member \$200

Student (up to age 25) \$100

If dues present a hardship, please be in touch with our treasurer: Roanne Pitluk, treasurer@kolothalev.org, 301.651.1246.

Please fill in all that apply to you:

\$ _____ Annual dues: one payment by **October 15, 2024**

\$ _____ OR first half annual dues by **October 15, 2024** & second half by **January 16, 2025**

\$ _____ donation to support Kolot HaLev

Leave comment or message below

Check enclosed for \$ _____

Mail to
Kolot HaLev, PO Box 635, Kensington MD 20895

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