



MEMBERSHIP APPLICATION 2009/2010

Date: _____

Last Name #1: _____ First Name: _____

Hebrew Name: _____ Anniversary Date (if applicable): _____

Birthday: _____ Phone- Business: _____ Home: _____

Spouse:

Last Name #2: _____ First Name: _____

Hebrew Name: _____

Birthday: _____ Phone: Business: _____ Home: _____

Primary Address: _____

City / State/Zip: _____

Secondary Address: _____

City/State/Zip: _____ Home Phone: _____

Letters/Notices/Bills sent to (Check one): _____ Primary _____ Secondary

Fax Number: Business _____ Family Fax Number: _____

Mobile Number: Member #1 _____ Email #1 _____

Mobile Number: Member #2 _____ Email #2 _____

CHILDREN

#1 Last name: _____ First Name: _____ Phone: _____

Hebrew Name: _____ Date of Birth: ___/___/___ Email: _____

#2 Last name: _____ First Name: _____ Phone: _____

Hebrew Name: _____ Date of Birth: ___/___/___ Email: _____

#3 Last name: _____ First Name: _____ Phone: _____

Hebrew Name: _____ Date of Birth: ___/___/___ Email: _____

#4 Last name: _____ First Name: _____ Phone: _____

Hebrew Name: _____ Date of Birth: ___/___/___ Email: _____

I am interested in the Religious School and would like information (circle one) Yes No
 I want to be a volunteer in the Religious School (circle one) Yes No

Emergency Contact Name: _____ Phone Number: _____

YAHRTZEIT INFORMATION

Date of Observance (Circle which one is observed): Jewish Calendar Gregorian Calendar

Last Name	First Name	Hebrew Name	Date of Death	Jewish Date of Death	Relationship	Observed by Member #1 or #2

COMMITMENT LEVEL

FAMILY

Basic Level
 Commitment - \$1,500.00 - \$\$2,099.00

Donor Level
 Commitment - \$2,100.00 - \$3,599.00

Patron Level
 Commitment - \$3,600.00 - \$4,799.00

Benefactor Level
 Commitment - \$4,800.00 - \$7,499.00

Endowment Level
 Commitment - \$7,500.00 & up

SINGLE

Basic Single
 Commitment - \$900.00 - \$1,499.00

ASSOCIATE

Commitment - \$ 500.00
 Associate Membership shall consist of any person or family who is currently a member in good standing with any other existing synagogue.
 Please, list the information of the synagogue where you maintain your membership:

Name _____

Address _____

Phone _____

School tuition and building fund are not included in your annual commitment.

I am interested in participating in the following activities (please circle all that apply):

- | | | |
|-------------------------------|--------------------|-------------------------|
| Adult Bar/Bat Mitzvah Program | Adult Education | Brotherhood |
| Choir | Community Service | Congregation Newsletter |
| Fundraising | Onegs/Kiddush | Sisterhood |
| Speaking/Reading Hebrew | Strategic Planning | Teaching Classes |
| Ushering | Website | Worship Services |
| Youth Group | Havurah | Book Clubs |

I am interested in participating in the following committees (please circle all that apply):

- | | | | |
|--------------------|--------------------|----------------|---------------------|
| Adult Education | Archives | Communications | Youth Education |
| Facility/Building | Budget and Finance | Interfaith | Library |
| Membership | Ritual | Social | Social Action |
| Strategic Planning | Fundraising | Outreach | Catering |
| House | Kiddush Luncheon | Music | Long-range Planning |
| Social | Volunteer | Social Action | Youth Activities |

We are eager to hear from you. Please share any additional Yahrzeit dates, other interests or comments:

PAYMENT INFORMATION

I wish to pay my Commitment via credit card. Please, note: all fees incurred by the use of credit cards will be passed on to the congregant. Please, circle one payment method.

ANNUALLY

QUARTERLY

MONTHLY

Mastercard #: _____ Expiration Date: _____

Visa #: _____ Expiration Date: _____

BUILDING FUND

The Beth El - The Beaches Synagogue Building Fund is dedicated to our new facility. Your minimum contribution to the Beth El, The Beaches Synagogue Building Fund is \$3,000.00 per membership - payable over a 5-year period (minimum \$600 annually).

Please acknowledge building fund payment plan: (please, check one payment method)

_____ Full one-time payment (total payment of \$3,000.00)

or

_____ Yearly payment of \$600.00 for 5 years (total payment of \$3,000.00)

I wish to pay my Building Fund via credit card. All fees incurred by the use of credit cards will be passed on to the congregant. Please, circle one payment method.

ANNUALLY

QUARTERLY

MONTHLY

Mastercard #: _____ Expiration Date: _____

Visa #: _____ Expiration Date: _____

I wish to pay my Commitment and Building Fund by check. Please, circle one payment method.

ANNUALLY

QUARTERLY

MONTHLY

Please enclose payment for your Commitment and Building Fund along with all forms and return to Beth El - The Beaches Synagogue, 288 N. Roscoe Blvd., Ponte Vedra Beach, FL. 32082.

Commitment Amount Enclosed: _____

Building Fund Amount Enclosed: _____

If you have any other questions, please contact our Synagogue office at (904) 273 - 9100.

IMPORTANT NOTE: All congregants must be current in their payments prior to the High Holy Days.

All Commitments, Building Fund payments, and contributions paid to Beth El - The Beaches Synagogue are tax deductible.

Member Signature

Date

Thank you for your generous support of Beth El – The Beaches Synagogue