

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

- Adult Education       Brotherhood       Choir       Community Service   
Leading Services       Minyonaires       Music       Onegs/Kiddush   
Planning       Sisterhood       Speaking and/or Reading Hebrew   
Teaching Classes       Ushering       Youth Group

**Committee Interest (please check all that apply):**

- Education/Youth       Facility/Building       Finance       Hospitality   
Interfaith/Outreach       Library       Membership       Publicity   
Ritual       Social

**In order to serve you better, and to have a knowledge base of our membership, we would appreciate you telling us:**

**Profession or Job Skills (Current or Prior)**

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**Social and Civic Club Memberships:**

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**Additional Interests:**

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## MEMBERSHIP APPLICATION 2010/2011

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 (check one) Yes  No

I want to be a volunteer in the Religious School (check one) Yes  No

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**YAHARZEIT 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 (Please circle): Family Member #1 Family Member #2

**FAMILY ANNUAL COMMITMENT**

(CHECK ONE)

**Basic Family Membership**  
Commitment \$1,600 - \$2,199

**Donor Membership**  
Commitment - \$2,200 - \$3,699

**Patron Membership**  
Commitment - \$3,700 - \$4,899

**Benefactor**  
Commitment - \$4,900 - \$7,499

**Endowment**  
Commitment - \$7,500 & up

**SINGLE ANNUAL COMMITMENT**

**Basic Single Membership**  
Commitment \$1,000 - \$1,599

**ASSOCIATE ANNUAL COMMITMENT**

**Associate Membership**  
Commitment - \$500 - \$1599

Membership is available to all regardless of ability to pay. Those with need of financial consideration should request a **Special Assistance Form** and submit it with application.

Associate Membership requires person or family to be currently a full member in good standing with any other existing synagogue. Please list the name, address, and phone number of the synagogue where you maintain your membership:

**\*BUILDING FUND**

The Beth El - The Beaches Synagogue Building Fund is dedicated to our new facility. Your **minimum mandatory** contribution to the Beth El, The Beaches Synagogue Building Fund is:

**\*\$3,000 per membership - payable over a 5-year period (minimum \$600 annually).  
Please acknowledge building fund payment plan:**

**Full one-time payment (total payment of \$3,000)  
or  
Yearly payment of \$600 for 5 years (total payment of \$3,000)**

**\*Members who have pledged more than \$3,000 and are in good standing are exempt from this assessment.**

\_\_\_\_\_ **Signature Acknowledging Building Fund commitment**

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

**ANNUALLY                  QUARTERLY                  BIMONTHLY                  MONTHLY**

**Master card #: \_\_\_\_\_  
Visa card #: \_\_\_\_\_  
Discover Card #: \_\_\_\_\_**

**I wish to pay my Commitment by check:**

**ANNUALLY                  QUARTERLY                  BIMONTHLY                  MONTHLY**

**Please enclose payment for dues and Building Fund along with all forms and return to Beth El - The Beaches Synagogue, P.O Box 1698, Ponte Vedra Beach, FL. 32082.**

**Commitment Enclosed: \$ \_\_\_\_\_**

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

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

**\*IMPORTANT NOTE: Commitment must be current or arrangements made in order to receive High Holiday tickets**

\_\_\_\_\_ Member Signature

\_\_\_\_\_ Date

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