



## Membership Application 2022/2023

### PERSONAL INFORMATION

Membership Family Last Name:		<input type="checkbox"/> check if your personal information is the same as on file at Beth El & skip to pg 2	
1. Name:		Birthday: ____/____/____	
Hebrew Name:		Email:	
Home Phone: (    )       -		Mobile Phone: (    )       -	
2. Name:		Birthday: ____/____/____	
Hebrew Name:		Email:	
Home Phone: (    )       -		Mobile Phone: (    )       -	
Anniversary Date: ____/____/____			
Primary Address:			
City:		State:	ZIP Code:
Secondary Address:			
City:		State:	ZIP Code:
Send Letters/Invites to: <input type="checkbox"/> Primary Address            or <input type="checkbox"/> Secondary Address			

### CHILDREN

1. Name:		Age:	
Hebrew Name:		Date of Birth: ____/____/____	
2. Name:		Age:	
Hebrew Name:		Date of Birth: ____/____/____	
3. Name:		Age:	
Hebrew Name:		Date of Birth: ____/____/____	
4. Name:		Age:	
Hebrew Name:		Date of Birth: ____/____/____	
I am interested in the Religious School and would like information: <input type="checkbox"/> Yes <input type="checkbox"/> No			
I want to be a volunteer in the Religious School: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact Name:		Phone Number: (    )       -	

**PLEDGE INFORMATION**

We are applying for:

- Basic Family Membership\* (Pledge- \$2,575)      or       Family Donor\* (Pledge - \$3,500)
- Basic Single Membership\* (Pledge- \$1,750)      or       Single Donor\* (Pledge - \$2,500)
- Contributor\* (\$5,000)                       Patron\* (\$7,125)                       Eternal Light\* (\$8,000 and above)
- Associate Membership\*\* (\$875 minimum)

*\*All membership pledges include a \$100 security surcharge.*

*\*\* This membership does not include life cycle events, religious school, or tutoring. Please list the name of your synagogue and a contact number \_\_\_\_\_.*

*Life Cycle Events are conducted for members (not Associate Members) in good standing. (Good Standing members are up to date on membership pledges, building fund pledges, fees, and tuition.)*

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

**BUILDING FUND PLEDGE**

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

- Full one-time payment of \$3,000                      or                       Yearly payment of \$600 for 5 years totaling \$3,000

**IMPORTANT NOTICE: Pledges must be current to receive High Holiday tickets**

**PAYMENT OPTIONS**

**Pledge Level:** I wish to help Beth El with my 2022 – 2023 pledge of:    \$\_\_\_\_\_

**Payment Frequency:** My preferred payment frequency is:       Annual                       Quarterly                       Monthly

**Payment Method:** My preferred payment method is:

- Check     Credit Card (3% processing fee will be added)     Bank Auto Draft (monthly)     Credit Auto-Pay (monthly)

**Credit Card:**

Card #: \_\_\_\_\_      Exp. Date: \_\_\_\_\_      CVV: \_\_\_\_\_

**Bank Auto-Draft:**

Name on account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Checking: \_\_\_\_\_ or Savings: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Signature for Bank Auto-Draft and Credit Card Autopay:**

I authorize Beth El The Beaches Synagogue to automatically charge my bank account or credit card (information provided below) per our agreement. I understand that payments are due at the beginning of each billing period and that I may cancel auto payments at any time, with thirty days advance notice. The auto-pay will automatically renew at the beginning of each new fiscal year (July 1), at the rate covering charges in place for the current fiscal year (divided by 12). Cancel at any time with 30 day written notice.

**Member Signature for accepting terms:** \_\_\_\_\_

**Statement Method:** My preferred statement method is:       Email                       Mail

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

**MAIL TO: Beth El-The Beaches Synagogue, 288 N. Roscoe Blvd. Ponte Vedra Beach, FL 32082**

1. Member Signature: \_\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Member Signature: \_\_\_\_\_      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## Yahrzeit Information

Date of Observance:             Jewish Calendar    or     Gregorian Calendar

Name	Hebrew Name	Jewish Date of Death	Gregorian Date of Death	Relationship (member #1 or #2)

### ACTIVITIES

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

- |  |  |                                       |  |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Adult Education         | <input type="checkbox"/> Brotherhood               | <input type="checkbox"/> Choir        | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Building Beautification | <input type="checkbox"/> Hebrew (reading/speaking) | <input type="checkbox"/> Lay Leader   | <input type="checkbox"/> Library           |
| <input type="checkbox"/> Musical Instruments     | <input type="checkbox"/> Planning                  | <input type="checkbox"/> Oneg/Kiddush | <input type="checkbox"/> Sisterhood        |
| <input type="checkbox"/> Social Events           | <input type="checkbox"/> Teaching (adult/children) | <input type="checkbox"/> Ushering     | <input type="checkbox"/> Yoga/Tai Chi      |

I am interested in the following committees (check all that apply):

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Archives (historian) | <input type="checkbox"/> Brotherhood    | <input type="checkbox"/> Caring          |
| <input type="checkbox"/> Communication   | <input type="checkbox"/> House/Facilities     | <input type="checkbox"/> Finance        | <input type="checkbox"/> Fine Arts       |
| <input type="checkbox"/> Library         | <input type="checkbox"/> Membership           | <input type="checkbox"/> Sisterhood     | <input type="checkbox"/> Social          |
| <input type="checkbox"/> Social Action   | <input type="checkbox"/> Ways and Means       | <input type="checkbox"/> Worship/Ritual | <input type="checkbox"/> Youth Education |

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

How you heard about Beth El: \_\_\_\_\_  
 \_\_\_\_\_

Your profession, job skills, and interests: \_\_\_\_\_  
 \_\_\_\_\_