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| **A blue star on a white background  Description automatically generated with medium confidence**  **Membership Application 2023/2024** | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | |
| Membership Family Last Name: | | | | 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: Primary Address or 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: Yes No | | | | | | | | |
| I want to be a volunteer in the Religious School: Yes No | | | | | | | | |
| Emergency Contact Name: | | | | Phone Number: ( ) - | | | | |
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| **PLEDGE INFORMATION** | | | | | | | | |
| We are applying for:  Basic Family Membership (Pledge- $2,650) or  Family Donor (Pledge - $3,600)  Basic Single Membership (Pledge- $1,800) or  Single Donor (Pledge - $2,500)  Contributor ($5,150)  Patron ($7,125)  Eternal Light ($8,200 and above)  Associate Membership\*\* ($900 minimum)    Due to the rise in security fees, we are asking for an additional  $100/Family  $50/Single    *\*\* 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 2023 - 2024 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 a 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)** |
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| **ACTIVITIES** | | | | | | | | |
| I am interested in the following activities (check all that apply):  Adult Education Brotherhood Choir Community Service  Building Beautification Hebrew (reading/speaking) Lay Leader Library  Musical Instruments Planning Oneg/Kiddush Sisterhood  Social Events Teaching (adult/children) Ushering Yoga/Tai Chi | | | | | | | | |
| I am interested in the following committees (check all that apply):  Adult Education Archives (historian) Brotherhood Caring  Communication House/Facilities Finance Fine Arts  Library Membership Sisterhood Social  Social Action Ways and Means Worship/Ritual 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |