**BETH EL SISTERHOOD**

***Join us as we serve our synagogue, support our community & enrich our lives***

**APPLICATION / SURVEY INFORMATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I currently \_\_\_am \_\_\_am not a member of Beth El – The Beaches Synagogue**

**If not, would you like information regarding Synagogue membership? Yes\_\_\_ No\_\_\_**

**Beth El Member Sisterhood Level (PLEASE SELECT ONE)**

\_\_\_**Leah** ($40) \_\_\_**Rachel** ($54) receive a $10 gift \_\_\_**Sarah** ($72) receive a $15 gift

certificate for the Judaica shop certificate for the Judaica shop

\_\_\_\_**Miriam** ($108) receive a $20 gift certificate for the Judaica shop

**NON Beth El Member Sisterhood Level (PLEASE SELECT ONE)**

**\_\_\_Leah $50\_\_\_\_ Rachel ($64) \_\_\_\_ Sarah ($82) \_\_\_\_ Miriam ($118)**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**INTERESTS – WHAT ARE YOU INTERESTED IN HELPING WITH?**

\_\_\_\_\_Sisterhood Shabbat \_\_\_\_Miriam’s Seder

\_\_\_\_\_Tu B’Shevat Seder \_\_\_\_Fashion Show

\_\_\_\_\_BELLES (book club) \_\_\_\_Hanukah Party

\_\_\_\_\_High Holiday Silver Polishing \_\_\_\_Yom Kippur Break Fast

\_\_\_\_\_First Responders Appreciation \_\_\_\_Shiva Meals

\_\_\_\_\_Social Action \_\_\_\_Shalom Yoga

\_\_\_\_\_Judaica Shop

Your Suggested Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of applicant**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this application and your membership fee in the form of a check made

payable to:

**Beth El Sisterhood**

and mail to

**Beth El Synagogue, 130 Corridor Rd. #638**

**Ponte Vedra Beach, FL 32004**