



Membership Application 2025/2026

PERSONAL INFORMATION


Last Name of Membership Family:		<input type="checkbox"/> Check if your personal information is the same as on file at Beth El and skip to Page 2.
1. Name:		Birthdate: ____ / ____ / ____
Hebrew Name:		Email:
Home Phone: () -		Mobile Phone: () -
2. Name:		Birthdate: ____ / ____ / ____
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

I / We Are Applying For:

☐ **Basic Family Membership** (\$2,950) or ☐  **Family Donor** (\$4,000)

☐ **Basic Single Membership** (\$1,950)

☐  **Contributor** (\$5,500) ☐  **Patron** (\$7,500) ☐  **Eternal Light** (\$10,000 and above)

 *Dues at this level support our ability to welcome those who wish to join us, regardless of their financial resources.*

☐ **** Associate Membership** (\$1,000 minimum, with proof of membership at another synagogue in good standing)

**** 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 Promise 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 ~

☐ Annual Payments of \$600 for 5 years, totaling \$3,000

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

PAYMENT OPTIONS

Pledge Level: I wish to support Beth El with my 2025 - 2026 pledge of \$ _____.

Payment Frequency: ☐ Annual ☐ Quarterly ☐ Monthly

Preferred Payment Method:

☐ Check ☐ Credit Card ☐ 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: _____

AUTOPAY Signature for Bank Auto-Drafts or Credit Cards:

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 Acceptance of Payment Terms: _____

Preferred Statement Method: ☐ Email ☐ Mail

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

Email Completed Forms to: Amy@BethElBeaches.org

Or Mail to: Beth El-The Beaches Synagogue, 130 Corridor Road #638 Ponte Vedra Beach, FL 32004

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 Programs | <input type="checkbox"/> Lay Leader | <input type="checkbox"/> Social Events | <input type="checkbox"/> Sisterhood |
| <input type="checkbox"/> Teaching (adults/children) | <input type="checkbox"/> Ushering | <input type="checkbox"/> Community Service | <input type="checkbox"/> Brotherhood |
| <input type="checkbox"/> Hebrew (reading/speaking) | <input type="checkbox"/> Planning | <input type="checkbox"/> Oneg/Kiddush | <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> Building Beautification | <input type="checkbox"/> Library | <input type="checkbox"/> Choir | <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"/> Sisterhood | <input type="checkbox"/> Social Action | <input type="checkbox"/> Worship / Ritual |
| <input type="checkbox"/> Youth Education | <input type="checkbox"/> Brotherhood | <input type="checkbox"/> Archives (Historian) | <input type="checkbox"/> Social |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Membership | <input type="checkbox"/> Library | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Ways and Means | <input type="checkbox"/> Communication | <input type="checkbox"/> House Facilities | <input type="checkbox"/> Caring |

Please help us serve you better by sharing:

How you heard about Beth El: _____

Your profession, skills, and interests: _____