

**BETH ISRAEL**

The Jewish Congregation of Sun City Center ~~~~ P. O. Box 5203, Sun City Center, FL 33571-5203

Date\_\_\_\_\_ Previous Affiliation: Reform Conservative Orthodox Other

**PLEASE PRINT LEGIBLY**

A. Name\_\_\_\_\_ Birthday (MM/DD)\_\_\_\_\_

Hebrew name\_\_\_\_\_ Ben / Bat \_\_\_\_\_ Kohen Levite Israelite

Cell Phone\_\_\_\_\_ Email\_\_\_\_\_

Occupation (Former or Current)\_\_\_\_\_ Veteran Y N Branch of service\_\_\_\_\_

B. Name\_\_\_\_\_ Birthday (MM/DD)\_\_\_\_\_

Hebrew name\_\_\_\_\_ Ben / Bat \_\_\_\_\_ Kohen Levite Israelite

Cell Phone\_\_\_\_\_ Email\_\_\_\_\_

Occupation (Former or Current)\_\_\_\_\_ Veteran Y N Branch of service\_\_\_\_\_

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Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Anniversary (MM/DD/YR)\_\_\_\_\_

How did you hear about Beth Israel?\_\_\_\_\_

Emergency Family Contact/Relationship\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

How can you help us? Please list any specific skills and/or talents: (i.e. Computer, Singing, Theater, Reading Hebrew, Instrument)  
\_\_\_\_\_

I would be interested in volunteering for a Committee:

- Program Planning Fund Raising Publicity Membership Ritual Caring  
Carpooling: Day only Any time Local only Anywhere

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**Every member with an email address receives our monthly newsletter online. If you would also like to receive a print copy, please check the box.**   
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Please initial:

\_\_\_\_\_ I understand that yearly dues run from Jan. 1<sup>st</sup>-Dec. 31<sup>st</sup> and are currently \$280 per person.

\_\_\_\_\_ I understand that there is a 5-year Maintenance & Improvement Fund fee of \$70 per person per year.

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Yahrzeit Names, Relationship and Dates

***WE MUST HAVE THE ENGLISH YEAR OF DEATH***

A. Member Name \_\_\_\_\_ Date Observed: Hebrew English

Deceased	Relationship	English Date of Death (MM/DD/YY)

B. Member Name \_\_\_\_\_ Date Observed: Hebrew English

Deceased	Relationship	English Date of Death (MM/DD/YY)

If more space is needed, please use the back of this sheet. Thank you.

Additional names on the back