

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_____

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

Your name will be listed in our Congregational Telephone Directory and Shalom News.

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.

Please initial:

_____ I understand that yearly dues run from Jan. 1st-Dec. 31st and are currently \$325.00 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