

MEMBERSHIP FORM

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**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 \$350 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 DEATHA. 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