

NEW MEMBER APPLICATION 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 \_\_\_\_\_

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**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 \_\_\_\_\_

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

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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 \$360 per person.

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

## BETH ISRAEL

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### PLEASE PRINT LEGIBLY

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