

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 _____

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/Communications Membership
- Technology Social Action Fund Raising Facility Ritual
- 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

Please initial:

_____ I understand that yearly dues run from January 1st-December 31st and are currently \$360.00 per person.

_____ I understand that there is a 5-year Maintenance & Improvement Fund fee of \$70.00 per person per year