

BETH ISRAEL
The Jewish Congregation of Sun City Center, P O Box 5203, Sun City Center, FL 33571-5203

NEW MEMBER APPLICATION FORM
PLEASE PRINT LEGIBLY

Date / / Previous Affiliation: Reform Conservative Orthodox Other

First Member Name _____ Birthday (MM/DD) _____

Hebrew name _____ Ben / Bat _____ Kohen Levite Israelite

Cell Phone _____ Email _____

Occupation (Former or Current) _____ Veteran: Y / N Service Branch _____

Second Member Name _____ Birthday (MM/DD) _____

Hebrew name _____ Ben / Bat _____ Kohen Levite Israelite

Cell Phone _____ Email _____

Occupation (Former or Current) _____ Veteran Y / N Service Branch _____

Primary Address _____

Home Phone (if any) _____ Anniversary (MM/DD/YR) _____

How did you hear about Beth Israel? _____

Emergency Contact / Relationship _____ / _____

Address _____ Phone _____

Please list any specific skills and/or talents: (i.e. Computer, Logistics, Technical, Singing, Theater, Reading Hebrew, Musical Instruments)

I am interested in:

- Programs Fundraising Publicity Membership Facilities Social Action Caring
 Long Range Planning Security Legacy Publications Ritual Technology

Please initial:

_____ I understand that yearly dues run from Jan. 1 - Dec. 31 and are currently \$450 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

It is now possible to pay your membership (\$450 per person per year) and maintenance and improvement payment (\$70 per person per year for five years) using your credit card. On our website <https://jcsc.org>, click on the membership tab and complete the information to pay online. **You must complete the form in this packet and mail it to the address below to become an official member of Beth Israel.**

You may also complete the form in this packet and mail it with your credit card information to be entered by our Treasurer (see below) or check payable to **Beth Israel, P.O. Box 5203, Sun City Center, FL 33571.**

Reminder: _____ Check here if you have already prepaid online. Do not fill in the information requested below.

PLEASE PRINT LEGIBLY.

Payment Information: Amount _____

Credit Card: Visa Master Card Discover American Express

Card Number: _____ (no spaces or dashes)

Expiration Date: _____ (mm/yy)

Card CVV Code: _____ 3 or 4 digit code