

Date ____/____/____ Previous Affiliation: ☐Reform ☐Conservative ☐Orthodox

Address_____

Home Phone_____ Anniversary (MM/DD/YR)_____

1. Name_____ Birthday (MM/DD/YR)_____

Hebrew name_____ Ben / Bat _____

Cell Phone_____ Email_____

Occupation (Former or Current)_____

Veteran Y N Branch of service _____

2. Name_____ Birthday (MM/DD/YR)_____

Hebrew name_____ Ben / Bat _____

Cell Phone_____ Email_____

Occupation (Former or Current)_____

Veteran Y N Branch of service _____

How did you hear about Beth Israel? _____

Emergency family contact/relationship_____ / _____

Emergency contact phone_____

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 ☐Fundraising ☐Publicity ☐Membership ☐Ritual ☐Caring

Please initial:

_____|I understand the yearly financial commitment runs from Jan. 1st-Dec. 31st and is currently \$650 per person.

_____|I understand that there is a 5-year Building Reserve Fund contribution of \$70 per person per year (each year for five years) or a lump sum of \$350 pp.

BETH ISRAEL P. O. Box 5203, Sun City Center, FL 33571-5203

PLEASE PRINT LEGIBLY

Yahrzeit Names, Relationship and Dates; We must have the English Year of Death

1. Member Name _____

Date Observed: ☐ Hebrew ☐ English

Deceased	Relationship	English Date of Death (MM/DD/YY)

2. 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 form. ☐ Additional names on the back