

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. 1<sup>st</sup>-Dec. 31<sup>st</sup> 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.

**Revised 011426**

**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