Membership Application 2021/2022

PERSONAL INFORMATION		
Membership Family Last Name:		☐ check if your personal information is the same as on file at Beth El & skip to pg 2
1. Name:		Birthday: _____/_____/_____
Hebrew Name:		Email:
Home Phone: ( ) -		Mobile Phone: ( ) -
2. Name:		Birthday: _____/_____/_____
Hebrew Name:		Email:
Home Phone: ( ) -		Mobile Phone: ( ) -
Anniversary Date: _____/_____/_____		
Primary Address:		
City:	State:	ZIP Code:
Secondary Address:		
City:	State:	ZIP Code:
Send Letters/Invites to: ☐Primary Address or ☐Secondary Address		

CHILDREN	
1. Name:	Age:
Hebrew Name:	Date of Birth: _____/_____/_____
2. Name:	Age:
Hebrew Name:	Date of Birth: _____/_____/_____
3. Name:	Age:
Hebrew Name:	Date of Birth: _____/_____/_____
4. Name:	Age:
Hebrew Name:	Date of Birth: _____/_____/_____
I am interested in the Religious School and would like information: ☐Yes ☐No	
I want to be a volunteer in the Religious School: ☐Yes ☐No	
Emergency Contact Name:	Phone Number: ( ) -

PLEDGE INFORMATION

We are applying for:

☐ Basic Family Membership* (Pledge- $2,500) or ☐ Family Donor* (Pledge - $3,450)

☐ Basic Single Membership* (Pledge- $1,700) or ☐ Single Donor* (Pledge - $2,500)

☐ Contributor* ($4,900) ☐ Patron* ($7,125) ☐ Eternal Light* ($8,000 and above)

☐ Associate Membership** ($850 minimum)

**All membership pledges include a $100 security surcharge.*

***Associate Membership requires a letter each year from another Synagogue stating they are current members in good standing. This membership does NOT include life cycle events, religious school, or tutoring*

Life Cycle Events are conducted for members (NOT Associate Members) in good standing. (Good Standing members are up to date on membership pledges, building fund pledges, fees, and tuition.)

Membership is available to all regardless of ability to pay. Those in need of financial consideration should request a Special Assistance Form and submit it with your application.

BUILDING FUND PLEDGE

Beth El - The Beaches Synagogue Building Fund is dedicated to our facility. Your **minimum mandatory** contribution to the Beth El - The Beaches Synagogue Building Fund is:

☐ Full one-time payment of $3,000 or ☐ Yearly payment of $600 for 5 years totaling $3,000

IMPORTANT NOTICE: Pledges must be current to receive High Holiday tickets

PAYMENT OPTIONS

Pledge Level: I wish to help Beth El with my 2021 – 2022 pledge of: $_____

Payment Frequency: My preferred payment frequency is: ☐Annual ☐Quarterly ☐Monthly

Payment Method: My preferred payment method is:

☐Check ☐Credit Card (3% processing fee will be added) ☐Bank Auto Draft (monthly) ☐Credit Auto-Pay (monthly)

Credit Card:

Card #: _____ Exp. Date: _____ CVV: _____

Bank Auto-Draft:

Name on account: _____

Name of Bank: _____Checking: _____or Savings: _____

Account Number: _____

Routing Number: _____

Signature for Bank Auto-Draft and Credit Card Autopay:

I authorize Beth El The Beaches Synagogue to automatically charge my bank account or credit card (information provided below) per our agreement. I understand that payments are due at the beginning of each billing period and that I may cancel auto payments at any time, with thirty days advance notice. The auto-pay will automatically renew at the beginning of each new fiscal year (July 1), at the rate covering charges in place for the current fiscal year (divided by 12). Cancel at any time with 30 day written notice.

Member Signature for accepting terms: _____

Statement Method: My preferred statement method is: ☐Email ☐Mail

All pledges and contributions paid to Beth El-The Beaches Synagogue are tax deductible.

MAIL TO: Beth El-The Beaches Synagogue, 288 N. Roscoe Blvd. Ponte Vedra Beach, FL 32082

1. Member Signature:	Date: _____/_____/_____
2. Member Signature:	Date: _____/_____/_____

Thank you for your generous support of Beth El-The Beaches Synagogue

YAHRZEIT INFORMATION

Date of Observance: ☐Jewish Calendar or ☐Gregorian Calendar

Name	Hebrew Name	Jewish Date of Death	Gregorian Date of Death	Relationship (member #1 or #2)

ACTIVITIES

I am interested in the following activities (check all that apply):

☐Adult Education ☐Brotherhood ☐Building Beautification
☐Community Service ☐Hebrew (reading/speaking) ☐Lay Leader ☐Library
☐Planning ☐Oneg/Kiddush ☐Sisterhood ☐Social Events
☐Teaching (adult/children) ☐Ushering ☐Yoga/Tai Chi

I am interested in the following committees (check all that apply):

☐Adult Education ☐Archives (historian) ☐Brotherhood ☐Caring
☐Communication ☐House/Facilities ☐Finance ☐Fine Arts
☐Library ☐Membership ☐Sisterhood ☐Social
☐Social Action ☐Ways and Means ☐Worship/Ritual ☐Youth Education

In order to serve you better and to have a knowledge base of our membership, we would appreciate you telling us:
How you heard about Beth El: _____

_____

Your profession, job skills, and interests: _____

_____