

OFFICE: 3899 SAND LAKE ROAD, LONGWOOD, FL 32779 • **PHONE:** 407.862.3505 RABBI: RICK SHERWIN

MAIL: P.O. BOX 915756, LONGWOOD, FL 32791-5756 • E-MAIL: SHALOM@CONGBETHAM.ORG • WEBSITE: WWW.CONGBETHAM.ORG

2017 Membership Application (PLEASE PRINT)

Name to be used on address label:				
Home address:				
City, state, zip:				
Home phone:	Primary e-mail:			
	Adult 1	Adult 2		
Salutation	□ Mr. □ Mrs. □ Miss □ Ms. □ Dr. □	□ Mr. □ Mrs. □ Miss □ Ms. □ Dr. □		
First name				
Last name				
Informal name				
E-mail				
Cell phone				
Anniversary date (mm,dd,yy)				
Date of birth (mm,dd,yy)				
Hebrew name **				
Father's Hebrew name **				
Mother's Hebrew name **				
Religion	☐ Jewish ☐ Non-Jewish	☐ Jewish ☐ Non-Jewish		
Previous synagogue: affiliation & years				
Occupation				
Area of specialization				
Business phone				

^{**} Please do not write this in Hebrew

Dependent Children

		Child 1		female	☐ male		Child 2	female	□ male
First name									11 11 - 12 - 12 - 12 - 12 - 12 -
Last name									
Informal name		***							
Address (if different)									
City, state, zip					200				
Phone (if different)									
E-mail					71				
Hebrew name **									
Date of birth (mm,dd,yy)									
School, grade								1541 88	
Religious school and years attended									
Bar/Bat Mitzva date									
		child 3		female	□ male		Child 4	female	□ male
First name	-	child 3		female	□ male	+	Child 4	female	□ male
First name		child 3	<u> </u>	female	□ male		Child 4	female	□ male
Last name		Child 3		female	□ male		Child 4	female	□ male
		Child 3		female	□ male		Child 4	female	□ male
Last name		Child 3		female	□ male		Child 4	female	□ male
Last name Informal name		Child 3		female	□ male		Child 4	female	□ male
Last name Informal name Address (if different)		Child 3		female	□ male		Child 4	female	□ male
Last name Informal name Address (if different) City, state, zip		Child 3		female	□ male		Child 4	female	□ male
Last name Informal name Address (if different) City, state, zip Phone (if different) E-mail Hebrew name **		Child 3		female	□ male		Child 4	female	□ male
Last name Informal name Address (if different) City, state, zip Phone (if different) E-mail		Child 3		female	□ male		Child 4	female	□ male
Last name Informal name Address (if different) City, state, zip Phone (if different) E-mail Hebrew name ** Date of birth		Child 3		female	□ male		Child 4	female	□ male
Last name Informal name Address (if different) City, state, zip Phone (if different) E-mail Hebrew name ** Date of birth (mm,dd,yy)		Child 3		female	□ male		Child 4	female	□ male
Last name Informal name Address (if different) City, state, zip Phone (if different) E-mail Hebrew name ** Date of birth (mm,dd,yy) School, grade		Child 3		female	□ male		Child 4	female	□ male

Yahrtzeits Please provide us with <u>all</u> the information requested below so that we can send you yahrtzeit reminders on a timely basis.

Relationship	Related To	Date of Death (mm/dd/yyyy) (must have month, day & year)

^{**} Please do not write this in Hebrew

2017 ANNUAL FINANCIAL COMMITMENT

		MEMBERSHIP CATEGORIES				
1	Commitment	Category				
	\$1590	Family				
	\$ 870	Single				
	\$ 990	Senior Couple (elder spouse is age 70 or older as of January 1)				
	\$ 750	Senior Single (age 70 or older as of January 1)				
0						
	I/We cannot affo	ord to pay the commitment indicated above. Please contact me (us).	4			
		My/Our annual commitment is:	\$			
	(A one-time	Building Fund for Families is \$250 per year for the first four (4) years: commitment of \$1,000, which may be paid over 4 years, is assessed on all new members.)	\$			
	(A one-tin	Building Fund for Singles and Seniors is \$125 per year for the first four (4) years: ne commitment of \$500, which may be paid over 4 years, is assessed on all new members.)	\$			
		Building Maintenance & Restoration Fund: nitment towards maintenance and capital improvements. This fund is intended to eliminate ssments in the future to cover major maintenance and capital expenditures on our facilities)	\$			
		Total:	\$			
		icate your preference):				
A - Payn	nent in full enclosed	: \$ Cash, check, or credit card (please provide your credit card information	on below)			
B - Semi	i-annual payments of	\$ on January 1 and July 1				
C - Quar	terly payments of \$	on January 1, April 1, July 1, and October 1.				
D - Mont	thly payments of \$	on the 1 st of each month				
Credit car	d #:	Expiration date:				
Credit car	d #:	Expiration date:				
IGNATURE	(ADULT 1)	SIGNATURE (ADULT 2)				
ATE SIGNE	ED.	DATE SIGNED				

Adult 3	
Adult 2	
	Adult 2

We would like to be active members of the Beth Am Family and want to be involved in the following areas:

Adult 1	Adult 2	
		Adult Education
		Budget & Finance
		Building & Grounds
		Care Team
		Catering & Kitchen
		Choir
		Community Relations
		Education & Youth
		Fund Raising
		Membership
	9.00	Men's Club
		Parent/Teacher Organization
		Religious Activities
		Sisterhood
		Social Programs
	,	Telephone Contact
		Other: