

**APPLICATION FOR MEMBERSHIP**  
(PLEASE PRINT)

We ask you to complete this application so that we can better understand and serve your needs.

Adult #1

Title (circle one)    Mr.   Miss   Mrs.   Ms.   Dr.  
Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_ ben/bat \_\_\_\_\_  
Date of Birth    /   /    E-mail \_\_\_\_\_ @ \_\_\_\_\_  
Occupation \_\_\_\_\_  
If Retired, please state former occupation \_\_\_\_\_  
Marital Status:   Married \_\_\_\_\_   Single \_\_\_\_\_   Divorced \_\_\_\_\_   Widowed \_\_\_\_\_

Adult #2

Title (circle one)    Mr.   Miss   Mrs.   Ms.   Dr.  
Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_ ben/bat \_\_\_\_\_  
Date of Birth    /   /    E-mail \_\_\_\_\_ @ \_\_\_\_\_  
Occupation \_\_\_\_\_  
If Retired, please state former occupation \_\_\_\_\_

Address

Street \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Seasonal Address

Please inform the Temple Office of the anticipated date you plan to leave for the season and the anticipated date you plan to return.

Date Start \_\_\_\_\_ Date Return \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 (if applicable)

Name of Non-Member Spouse: \_\_\_\_\_  
 (if applicable)

Dependent Children: (if applicable)

Name	Gender	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

If any of your children are away at college, please supply their name, college address and their year in school. Remember to update their college address each year so we may continue to update our records and keep your child informed of our activities.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Yahrzeit Information

Please check appropriate box of which date you wish to observe, Hebrew or English.

Name	Relationship	Date of Death - English	Date of Death - Hebrew
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>
		<b>G</b>	<b>G</b>

Membership Categories  
(please check the appropriate box)

Dues are billed annually and cover January through December of the year in which the dues are paid. The Dues and Capital Improvement Fund Form is attached.

- Family Membership
- Single Membership
- 30 & Under Family Membership
- 30 & Under Single Membership
- Family Associate Membership\*
- Single Associate Membership\*

\*Associate memberships are available to part-time residents who retain membership in another congregation. Written confirmation of that membership is required annually in addition to the following information:

Name of other Temple: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I would like to contribute an additional \$\_\_\_\_\_ to help underwrite the dues for members encountering financial difficulties. (This is a tax-deductible contribution.)

Payment Schedule:

I wish to pay my dues as follows:

- A one-time payment, accompanying application; or
- Two (2) equal payments, payable 1/2 accompanying application and 1/2 by October 1; or
- Equal monthly payments, to be paid in full no later than October 1.

If dues present a hardship, please contact the Membership Chairperson at 772-336-2424 or [tbeimembership@bellsouth.net](mailto:tbeimembership@bellsouth.net).

By signing this application, I agree to the following:

- At least one adult applying for membership is of the Jewish faith, as required by the by-laws of Temple Beth El Israel.
- All persons listed above as members will abide by the by-laws of Temple Beth El Israel.
- The Capital Improvement Fund monies are payable at a uniform rate over a five (5) year period.

Please be advised that two (2) separate checks are required. One (1) check, for the Membership dues, is to be made payable to Temple Beth El Israel. One (1) check, for the Capital Improvement Fund, is to be made payable to Temple Beth El Israel Capital Improvement Fund.

**BOTH CHECKS MUST ACCOMPANY THIS APPLICATION.**

Signatures of applicants:

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
\_\_\_\_\_ Date Signed: \_\_\_\_\_

FOR OFFICE USE ONLY:

DATE RECEIVED: _____
DATE ENTERED ONTO COMPUTER: _____
DATE WELCOME LETTER SENT: _____

2004 APPLICATION ATTACHMENT

RATE INFORMATION SHEET:

**FULL YEAR DUES 2004**

Family Membership - \$800  
Capital Improvement Fund - \$1,000

Single Membership - \$450  
Capital Improvement Fund - \$500

30 & Under Family Membership - \$700  
Capital Improvement Fund - \$1,000

30 & Under Single Membership - \$350  
Capital Improvement Fund - \$500

Family Associate Membership - \$450  
Capital Improvement Fund - \$500

Single Associate Membership - \$320  
Capital Improvement Fund - \$500

**MID-YEAR DUES  
(JULY THROUGH DECEMBER)**

Family Membership - ~~\$800~~ \$550  
Capital Improvement Fund - \$1,000

Single Membership - ~~\$450~~ \$300  
Capital Improvement Fund - \$500

30 & Under Family Membership - ~~\$700~~ \$500  
Capital Improvement Fund - \$1,000

30 & Under Single Membership - ~~\$350~~ \$250  
Capital Improvement Fund - \$500

Family Associate Membership - ~~\$450~~ \$375  
Capital Improvement Fund - \$500

Single Associate Membership - ~~\$320~~ \$235

Capital Improvement Fund - \$500