

Beth David Congregation

2625 SW Third Avenue • Miami, FL 33129-2314
 Ph: 305-854-3911 • Fax 305-285-5841

Membership Dues July 1, 2008- June 30, 2009

Fair Share Membership

Category	Fees
Leader	\$12,500
Benefactor	\$8,000
Patron	\$4,500
Booster	\$3,000

General Membership and Additional Fair Share Donation

Category	General Membership	Fair Share Donation	Total Dues
Family Age 33+	\$2,240	\$600	\$2,840
Family Age 30 - 33	\$1,260	\$500	\$1,760
Family Age 29 & Under	\$700	\$250	\$950
Single Age 33+	\$1,190	\$300	\$1,490
Single Age 30 -33	\$770	\$250	\$1,020
Single Age 29 & under	\$525	\$125	\$650
Family Associate Member*	\$600	\$250	\$850
Single Associate Member*	\$350	\$150	\$500

Associate Memberships do **NOT** include High Holy Day tickets.

Annual Maintenance Assessment: In order to maintain our facilities, each member is required to pay the maintenance assessment. Cost \$1,080.00 paid at \$360/year for 3 years or a one time payment of \$1,000.00 It is the policy of Beth David Congregation that 50% of the Membership Dues be paid prior to the

High Holy Days. All Dues must be paid by 12/31/08.

Membership Application

Name: _____ Date: _____
(Please print name as you would like it to appear in our Synagogue Directory)

Home Address: _____ Home Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____ - _____

Marital Status: Married Single Widowed Partnered Separated Divorced

Yes, Please include my/our information in the Synagogue Directory. *(Name's of members & children (including their birth dates), email & phone numbers)*

When only one spouse is Jewish, please apply as a single member.

PLEASE PRINT CLEARLY	Member One	Member Two
Title/Name		
Hebrew Name		
Mother's Hebrew Name <i>(Use Hebrew or English Characters)</i>		
Father's Hebrew Name <i>(Use Hebrew or English Characters)</i>	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
Date of Birth (month/day/year)	/ /	/ /
Bar/Bat Mitzvah Date	/ /	/ /
Anniversary Date (month/day/year)	/ /	/ /
Cellular Phone		
E-mail Address		
Occupation/Profession		
Business Name		
Business Phone/ Fax / Website		
Vacation Address City/State/Zip		
Vacation Phone		
Language other than English		
List relationship to any Member of Beth David		
Previous Temple Affiliation		
Referred By		

Activities and Committees

I/We are interested in the Following Activities and Committees

Member One	Member Two
<input type="checkbox"/> Adult Education – Classes, Lectures & Speakers	<input type="checkbox"/> Adult Education – Classes, Lectures & Speakers
<input type="checkbox"/> Fundraising – Event or Direct Solicitation	<input type="checkbox"/> Fundraising – Event or Direct Solicitation
<input type="checkbox"/> Membership – Recruitment and Retention	<input type="checkbox"/> Membership – Recruitment and Retention
<input type="checkbox"/> Programming – Events, Galas and Fun	<input type="checkbox"/> Programming – Events, Galas and Fun
<input type="checkbox"/> Sisterhood – Cultural and Social	<input type="checkbox"/> Sisterhood – Cultural and Social
<input type="checkbox"/> Social Action – Mitzvah Day/Homeless Feeding	<input type="checkbox"/> Social Action – Mitzvah Day/Homeless Feeding
<input type="checkbox"/> Museum /Fine Arts – Scholar in Residence	<input type="checkbox"/> Museum /Fine Arts – Scholar in Residence
<input type="checkbox"/> Havurah – Social Networking	<input type="checkbox"/> Havurah – Social Networking
<input type="checkbox"/> Ritual – Ushering, Daily Minyan & High Holy Days	<input type="checkbox"/> Ritual – Ushering, Daily Minyan & High Holy Days
<input type="checkbox"/> Synagogue Volunteer – All areas of interest	<input type="checkbox"/> Synagogue Volunteer – All areas of interest
<input type="checkbox"/> Singles' Group – Jewish Connections	<input type="checkbox"/> Singles' Group – Jewish Connections
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Children

	Child #1	Child #2	Child #3	Child #4
First Name				
Middle Name				
Last Name (If Different)				
Hebrew Name				
Date of Birth (month/day/year)	/ /	/ /	/ /	/ /
Gender (M/F)				
Name of School Attending				
Current Grade				
E-mail Address				
Bar/Bat Mitzvah Date				
Hobbies or Interests				
If College Student, School & Expected Date of Graduation				
Address if Not Living With You Specify if College Address				

Yahrzeit Information

Please list names, dates and relationship of those for whom you wish Yahrzeit (anniversary of death) notices sent.

I/We would like to observe the Secular or Hebrew date for Yahrzeit for my loved ones.

Name	Date of Passing (AM or PM)	Relationship To Member

List Additional Names on a separate sheet if necessary.

Payment Information

Financial Arrangements: It is the policy of Beth David Congregation that 50% of the Membership Dues is paid at time of enrollment. In addition, the Annual Maintenance Assessment is due (3 year plan or one time payment). All Dues include membership fee to United Synagogue of Conservative Judaism. The annual Dues do not include: School Fees, Bar/Bat Mitzvah Fees or extra High Holy Day Tickets. All family members receive 2 High Holy Day Tickets. All Single Members receive 1 High Holy Day Ticket.

All Dues must be paid in full by December 31, 2008.

2008-2009 Annual Dues:

Fair Share: Leader (\$12,500) Benefactor (\$8,000) Patron (\$4500) Booster (\$3,000) \$ _____

General Membership: **Category:** _____ \$ _____

Fair Share Donation (in addition to Membership): \$ _____

Maintenance Assessment: \$1,080.00. 3 year payment plan at \$360/year \$ _____
or One time payment first year (\$1,000.00) \$ _____

TOTAL DUE: \$ _____

Attached please find a check in the amount of: \$ _____ made payable to Beth David Congregation.

Member Signature: _____ Date: _____

Beth David Staff Initial: _____