



2017-2018 Membership Information

Dear Beth David Member,

Welcome! Welcome! Welcome! We are so glad that you have chosen to make Beth David Congregation your Jewish home. You are the most important link in the sacred chain that connects Jews across the millennia and around the world. We hope that you will explore the diversity of interesting opportunities to connect that our community offers.

Whether your interests include making social connections, educating your children or participating in social action, or possibly praying in our daily minyan, celebrating a lifecycle event, or learning to read Hebrew, Beth David Congregation has a wide array of programs and services that are sure to meet your needs.

Thank you for completing the attached Member Information Sheet. Having current contact and interest information helps us to stay in touch with you. If you have any questions about membership, please speak with our Director of Members Services, Paula Arias at Parias@BethDavidMiami.org.

At the end of the Member Information Sheet, you will find our Annual Commitment form. It is through the support of our member families that we are able to provide the programs and services that make our community special. We are grateful for those families who are able to make an Annual Commitment as a member of our "Shomrim/Guardian Society". Through their support, we are able to welcome everyone who chooses to make Beth David Congregation their Jewish home, regardless of ability to pay. If you are unable to make an Annual Commitment at one of the standard levels, please contact Iris Mizrahi, Executive Director, for a confidential conversation about an appropriate adjustment.

Welcome home. We are glad that you're here.

B'Shalom,

Rabbi Jacobs
Rabbi Julie Jacobs

Iris
Iris Mizrahi
Executive Director

Melody
Melody Torrens
President

Gabriela
Gabriela Mekler
Membership Chair

Beth David Congregation Membership Information

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. *(Names of members & children, birth dates, emails & phone numbers)*

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		
Bar/Bat Mitzvah Date		
Anniversary Date		
Cell Phone		
E-mail Address		
Occupation/Profession		
Business Name		
Business Phone/ Fax / Website		
Second Home Address		
Language other than English		
Previous Temple Affiliation		
How did you hear of us?		

I/We would love to know more about...

	Member One	Member Two
Adult Bar/Bat Mitzvah		
Adult Education		
Children & Family Events		
Development		
Helping Out		
Membership		
Museum/Fine Arts		
Programming		
Ritual		
Social Action		
Social Get-Togethers		
Women's League		
Young Professionals		
Something else... <i>(tell us how you would like to connect!)</i>		

Tell us about your family!

	Child #1	Child #2	Child #3	Child #4
First Name				
Middle Name				
Last Name (If Different)				
Hebrew Name				
Date of Birth				
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				

Help us connect. Are you related to any current or former Beth David members?

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

May their memory be for blessing. Please tell us your loved ones for whom you would like to receive yahrzeit notices (notices for the anniversary of your loved one's passing)

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

Name	Date of Passing (before or after sundown, if known)	Relationship To Member

You may list additional names on a separate sheet if necessary.

2017-2018 Annual Commitment Form



Family Name: _____

Shomrim Society Supporters	We gratefully acknowledge the support of our Shomrim /Guardian Society members. If this level of support is within your means, you increase our ability to serve the needs of our community.		Please select:
Leader		\$12,500	<input type="checkbox"/>
Benefactor		\$8,000	<input type="checkbox"/>
Patron		\$4,500	<input type="checkbox"/>
Booster		\$3,600	<input type="checkbox"/>
Donor		\$2,500	<input type="checkbox"/>
Family /Household	Includes 2 High Holy Days tickets. Entitles household to member rates for The Gordon Schools.	\$2,149 Gordon School Family	<input type="checkbox"/> <input type="checkbox"/>
Individual	Includes 1 High Holy Days ticket	\$1,075	<input type="checkbox"/>
Young Couple (Oldest member up to age 32)	Includes 2 High Holy Days tickets	\$535	<input type="checkbox"/>
Young Individual (Up to age 32)	Includes 1 High Holy Days ticket	\$295	<input type="checkbox"/>
Empty Nester/Senior Couple (Oldest member over age 65)	Includes 2 High Holy Days tickets	\$1,930	<input type="checkbox"/>
Empty Nester/Senior Individual (Over age 65)	Includes 1 High Holy Days ticket	\$969	<input type="checkbox"/>
Associate Family	Does not include High Holy Day tickets	\$695	<input type="checkbox"/>
Associate Individual	Does not include High Holy Day tickets	\$395	<input type="checkbox"/>
Friends of Beth David	Families of other faiths who desire to affiliate with Beth David. Does not include High Holy Day tickets or school discounts	\$500	<input type="checkbox"/>
Newly Married Newly Jewish	First year membership to those who are married or converted at Beth David as our community's gift to you (Includes High Holy Days tickets)	Our Gift to You	<input type="checkbox"/>
Total:			

Payment Plans

- Annually** – Full payment is due by **August 15, 2017**
- Semi-Annually** – At least 50% of your entire obligation is due by **August 15, 2017**; full payment due by **December 31, 2017**

Form of Payment

- Charge my **credit card** in the amount of \$_____ My **check** is enclosed in the amount of \$_____
- I authorize Beth David congregation to charge my credit card for my account balance based on the payment plan selected

Name _____

Visa/MC/Amex/Discover _____ Expiration Date _____ Security Code _____

Billing Address _____ City _____ Zip _____

Primary email _____

In order to qualify for member rates at The Gordon School, a current **Family/Household membership** must be maintained (50% of the membership commitment is due at time of enrollment).

Annual commitment does not include School Fees, Bar/Bat Mitzvah Fees or extra High Holy Day Tickets.

Annual commitment must be paid in full by December 31.

We welcome everyone into the Beth David Community regardless of ability to pay. If you need financial assistance, please contact Executive Director, Iris Mizrahi at: imizrahi@bethdavidmiami.org (305)854-3911 x 203 for a confidential conversation.