

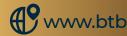
Vembership APPLICATION

Thank you for becoming a Beth Torah member. We look forward to having you as part of our Congregation for many years to come. So that we can help to make your membership experience everything you desire it to be, please take the time to tell us about yourself and how you came to choose Beth Torah as your spiritual home.

#WeAreBethTorah







Family Name	
Home Phone	
Home Address	
City	
State	
Zip/Postal Code	

DEMOGRAPHIC INFORMATION	Adult #1	Adult #2
First Name		
Last Name		
Birthdate		
Gender		
Occupation		
E-mail Address		
Business Phone		
Mobile Phone		
Are you Jewish? (Y/N)		
Conversion Date (If applicable)		
Conversion Location (If applicable)		
Hebrew Name		
Kohen (Y/N)		
Levi (Y/N)		
Primary Language		
Secondary Language		
Wedding Anniversary (If married)		
Year of Bar/Bat Mitzvah (If applicable)		

UNMARRIED CHILDREN	Child #1	Child #2	Child #3	Child #4
Full Name				
Birthdate				
Gender				
School Attending (If applicable)				
Has had Bar/Bat Mitzvah? (Y/N)				
If yes, what was the date?				
Living at home? (Y/N)				

What do you hope to achieve through y A connection to your spirituality	· <u> </u>	Beth Torah? (Check all that apply) The counsel of rabbis of lifecycle events
☐ A sense of community	_	Social experiences
	_	
☐ A strong Jewish education for your c☐ Adult education		High Holy Days worship
Adult education		Other:
Are you interested in Latin programs?	□ yes □ no	
I am interested in High Holy Days Prefer (\$3,600 per seat payable over 3 years or		
We want to help you observe the Yahrz you'd like for us to record.	eits of your loved on	es. Please provide information below on any
Name	Relationship	Date of Death (AM or PM)
Please provide us with any additional in	formation or request	s that you feel are important:
become part of our Beth Torah Family. If	financial conditions r. Andrea Beck, Direct	tor of Membership and Engagement, so that
Dues payment policy: Each member sh Option Plan on reverse side. If at all pos financial obligations must be met by the	sible, full payment w	
responsible for all financial obligation I understand that all synagogue activ	ns incurred through ities in which I and I o use in its promotio	by its Constitution and bylaws, and to be my membership. my family participate in may result in onal materials any and all photographic,
Signature:		Date:
For Office Use Only		
Entered in Computer	Account #	Initials

PAYMENT OPTION FORM

Year: _	
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Member Name(s):	E-mail:		
PAYMENT SCHEDULE ONE (1) payment now. TWO (2) payments, 1/2 now and 1/2 on D FOUR (4) payments, 1/4 now and 1/4 on C MONTHLY payments, 1st payment now, Is	October 15, January 15 & April 15.		
PLEASE CHECK YOUR CHOICE My check is attached in the amount of \$ Post-dated checks are attached as per my Credit Card authorization is completed. **5% DISCOUNT IF PAID IN FULL AT TIME OF JOIN	y payment plan.		
	invo		
CREDIT CARD AUTHORIZATION			
Please charge the following credit card:			
	☐ Discover Card ☐ American Express		
Credit Card Number	Exp. Date: Security Code:		
City, State, ZIP			
I authorize Beth Torah to charge my credit card the amount billed for Synagogue obligations as selected above.			
Signature:	Date:		
Dues Payment Policy: Each member shall have paid at least one-half their annual dues or have a payment plan on file in order to reserve High Holy Days tickets. If at all possible, full payment would be very helpful and appreciated. All financial obligations must be met by April 30 of each fiscal year to remain a Member in Good Standing.			
I agree to the above			
Member Signature:	Date:		

Beth Torah Adath Yeshurun Inc.

www.btbrc.org

Benny Rok Campus - 20350 NE 26th Ave., North Miami Beach, FL 33180

Main Office: 305.932.2829 Main Fax: 305.933.6955 Email: membership@btbrc.org