



Membership 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



20350 NE 26th Avenue - North Miami Beach



305-932-2829



www.btbrc.org

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 your membership at Beth Torah? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> A connection to your spirituality | <input type="checkbox"/> The counsel of rabbis of lifecycle events |
| <input type="checkbox"/> A sense of community | <input type="checkbox"/> Social experiences |
| <input type="checkbox"/> A strong Jewish education for your child(ren) | <input type="checkbox"/> High Holy Days worship |
| <input type="checkbox"/> Adult education | <input type="checkbox"/> Other: _____ |

Are you interested in Latin programs? ☐ yes ☐ no

I am interested in High Holy Days Preferred Endowed Seating. ☐ yes ☐ no
(\$3,600 per seat payable over 3 years or \$3,000 per seat in one payment)

We want to help you observe the **Yahrzeits** of your loved ones. Please provide information below on any you'd like for us to record.

Name	Relationship	Date of Death (AM or PM)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide us with any additional information or requests that you feel are important:

We are an all-inclusive synagogue. Special financial arrangements may be made for anyone wishing to become part of our Beth Torah Family. If financial conditions preclude you from joining at any of the established categories please contact Dr. Andrea Beck, Director of Membership and Engagement, so that your membership with the Beth Torah Family can be arranged in accordance with your financial circumstances.

Dues payment policy: Each member shall have their account current in accordance with the Payment Option Plan on reverse side. If at all possible, full payment will be very helpful and appreciated. All financial obligations must be met by the end of the fiscal year to remain in good standing.

By joining Beth Torah and signing below, I agree to abide by its Constitution and bylaws, and to be responsible for all financial obligations incurred through my membership.

I understand that all synagogue activities in which I and my family participate in may result in media coverage. I authorize BTBRC to use in its promotional materials any and all photographic, audio and visual images of my family at BTBRC events.

Signature: _____ **Date:** _____

For Office Use Only

Entered in Computer _____ Account # _____ Initials _____

PAYMENT OPTION FORM

Year: _____



Member Name(s): _____ E-mail: _____

PAYMENT SCHEDULE

- ☐ ONE (1) payment now.
- ☐ TWO (2) payments, 1/2 now and 1/2 on December 15.
- ☐ FOUR (4) payments, 1/4 now and 1/4 on October 15, January 15 & April 15.
- ☐ MONTHLY payments, 1st payment now, last payment by April 30.

PLEASE CHECK YOUR CHOICE

- ☐ My check is attached in the amount of \$_____.
- ☐ Post-dated checks are attached as per my payment plan.
- ☐ Credit Card authorization is completed.

****5% DISCOUNT IF PAID IN FULL AT TIME OF JOINING**

CREDIT CARD AUTHORIZATION

Please charge the following credit card:

Credit Card Information

☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express

Name on credit card _____

Credit Card Number _____ Exp. Date: _____ Security Code: _____

Credit Card Billing Address: _____

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.

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

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www.btbrc.org