



## CONGREGATION BETH DAVID

### Membership Application

2017-2018/5777-5778

Please accept this application for membership in Congregation Beth David

#### Member Information:

Name(s) \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Dependent Children \_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

#### Please enroll me as a:

- Family Member (Spouse/Partner and Dependent Children) \$825 per year  
 Individual or Single Parent Member \$500 per year  
 Sustaining Member \$1,200 per year  
(payable in full or \$100 monthly)

All memberships include High Holy Day Tickets for members and dependent children. However, membership must be 75% paid at the time of High Holy Days in order to qualify.

Information for the purchasing of High Holy Day tickets and submissions for inclusion in the Book of Remembrance will be available at a later dated.

#### Synagogue Mitzvah Donations:

General Fund \$ \_\_\_\_\_

Rabbi's Discretionary Fund \$ \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_

**Membership Dues Payable: 8/1/17**

Yartzeits:

Name/Relationship\_\_\_\_\_ Date of Yartzeit\_\_\_\_\_

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Name/Relationship\_\_\_\_\_ Date of Yartzeit\_\_\_\_\_

Volunteer:

I am interested in helping CBD with:

Fundraising

Event Planning

Landscaping

Community Outreach

Education

Library

General Administrative

**Mail to: Congregation Beth David, Box 125, Amenia NY 12501  
or log onto our website: [www.CongBethDavid.org](http://www.CongBethDavid.org)**