



**Congregation Beth David**

**PO Box 125  
3344 East Main Street  
Amenia, NY 12501  
congbethdavid.org**

August 2017

Dear Friends,

As you may have already noticed, our 2017-2018/5777-5778 Membership Application does not include information for the purchasing of High Holy Day tickets. Provided membership dues have been 75% paid at the time of the High Holy Days members and dependent children are entitled to tickets at no extra cost.

With the High Holy Days approaching we ask that you review and complete the enclosed form indicating whether you will be attending, how many tickets you will require and any names you wish included in the Yizkor Service Book of Remembrance. Please also include the deceased's relationship to you and date deceased as we are compiling our Yahrzeit list and want to be sure no one is overlooked.

Membership has significantly increased and members will receive seating priority. We urge you to return the completed form along with any payment due in the enclosed envelope no later than September 10th in order to assure you of availability. For those of you who have already renewed your membership we thank you for your continued support. For those of you who have not, a membership application is included herewith for your completion and remittance. A full schedule of holiday services is provided on our website. Your High Holy Day tickets will be available at the door just prior to the services and will include access for all services.

Should you have any questions or need any additional information, please do not hesitate to contact Sherry Frankel, [sherry.frankel@yahoo.com](mailto:sherry.frankel@yahoo.com) or by phone, 917-385-2783.

L'Shanah Tovah!

Board of Directors

**CONGREGATION BETH DAVID**  
**HIGH HOLY DAYS TICKETS 2017/5777**

	<u>Ticket Cost</u>	<u>Number of Tickets</u>
Family Member(s): Spouse/Partner and Dependent Children	-0-	_____
Individual or Single Parent Member: Member and Dependent Children	-0-	_____
Extended Family: Spouse, Adult Children, Siblings	\$75 ea.	_____
Non-Members	\$275 ea.	_____
	<b>Total Enclosed</b>	<b>\$_____</b>

**Book of Remembrance**

Names:	Relationship:	Date Deceased:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Address: \_\_\_\_\_

Email(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_