



Congregation Beth David

MEMBERSHIP APPLICATION

2019-2020

Membership Dues Payable by: 8/1/19

MEMBER INFORMATION:

Name(s) _____

Spouse/Partner _____

Dependent Children _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Email _____

PLEASE ENROLL ME AS A:

NUMBER OF
MEMBERSHIPS

Family Member (Spouse/Partner and Dependent Children) **\$900/year** _____

Individual or Single Parent Member **\$550/year** _____

Sustaining Member* **\$1,200/year** _____

Family memberships include *two* High Holy Day Tickets for members and dependent children.

Individual memberships include *one* High Holy Day Tickets for members and dependent children.

*Sustaining memberships include *three* High Holy Day Tickets for members and dependent children.

SYNAGOGUE MITZVAH DONATIONS:

General Fund \$ _____

Rabbi's Discretionary Fund \$ _____

TOTAL PAYMENT DUE: _____

Payment will be submitted via PayPal.

Enclosed is my check for \$ _____

To send a check, please mail to:

Congregation Beth David

PO Box 125

Amenia, NY 12501

All forms will now be submitted via PDFfiller.com. This is a trusted website used by the synagogue. Once you have filled out the form, please click **DONE** to submit to Congregation Beth David. Any issues with submitting your form or payment please contact info@congbethdavid.org. If you wish to pay in installments please email wsebethdavid@gmail.com.