



Congregation Beth David

MEMBERSHIP APPLICATION

2020-2021

Membership dues payable by September 15th, 2020

MEMBER INFORMATION:

Name(s) _____

Spouse/Partner _____

Dependent Children _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Email _____ Mobile Phone # _____

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: _____

Enclosed is my check for \$ _____

To send a check, please mail to:
Congregation Beth David
PO Box 125
Amenia, NY 12501