



Congregation Beth David

MEMBERSHIP APPLICATION

2022-2023

Membership dues payable by September 15, 2022

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** _____

Individual memberships include **one** High Holy Day Ticket for a member or dependent child.

Family memberships include **two** 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