

2018 – 2019 PAYMENT OPTION FORM



Member Name(s): _____ E-mail: _____

PAYMENT SCHEDULE

- ONE (1) payment now.
- TWO (2) payments, 1/2 now and 1/2 on December 15.
- FOUR (4) payments, 1/4 now and 1/4 on October 15, January 15 & April 15.
- MONTHLY payments, 1st payment now, last payment by 4/30/2019.

PLEASE CHECK YOUR CHOICE

- My check is attached in the amount of \$_____.
- Post-dated checks are attached as per my payment plan.
- Credit Card authorization is completed.

****5% DISCOUNT IF PAID IN FULL AT TIME OF JOINING**

CREDIT CARD AUTHORIZATION

Please charge the following credit card:

Credit Card Information

- Visa MasterCard Discover Card American Express

Name on credit card _____

Credit Card Number _____ Exp. Date: _____ Security Code: _____

Credit Card Billing Address: _____

City, State, ZIP _____

I authorize Beth Torah to charge my credit card the amount billed for Synagogue obligations as selected above.

Signature: _____ Date: _____

Dues Payment Policy: Each member shall have paid at least one-half their annual dues or have a payment plan on file in order to reserve High Holy Days tickets.

If at all possible, full payment would be very helpful and appreciated. All financial obligations must be met by April 30, 2019 for the member to remain a Member in Good Standing.

I agree to the above

Member Signature: _____ Date: _____

Beth Torah Adath Yeshurun Inc.

Benny Rok Campus - 20350 NE 26th Ave., North Miami Beach, FL 33180

Main Office: 305.932.2829 Main Fax: 305.933.6955 Email: membership@btbrc.org

www.btbrc.org

Membership Application

More than a Synagogue...
we are Family!



Welcome to The Beth Torah Family!

Thank you for becoming a Beth Torah member. We look forward to having you as part of our Congregation for many years to come. So that we can help to make your membership experience everything you desire it to be, please take the time to tell us about yourself and how you came to choose Beth Torah as your spiritual home.



Over 70 Years of Rich History

Family Name _____ Home Phone _____

Home Address _____

City _____ State ____ ZIP _____

MEMBER # 1 INFORMATION

First Name _____ Last Name _____ Date of Birth _____

Occupation _____ E-mail Address _____

Business Phone _____ Cell Phone _____

Hebrew Name _____ Kohen Levi Are you Jewish by Birth? yes no

MEMBER # 2 INFORMATION

First Name _____ Last Name _____ Date of Birth _____

Occupation _____ E-mail Address _____

Business Phone _____ Cell Phone _____

Hebrew Name _____ Kohen Levi Are you Jewish by Birth? yes no

If Married, Wedding Anniversary ____ / ____ / _____

Previous Synagogue Affiliation _____

UNMARRIED CHILDREN (Living at Home)

Name	DOB	Sex	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you first learn about Beth Torah?

Member Friend Magazine/Newspaper Website Facebook Other _____

What do you hope to achieve through your membership at Beth Torah? (Check all that apply)

- A connection to your spirituality
- A sense of community
- A strong Jewish education for your child(ren)
- Adult education
- The counsel of rabbis of life cycle events
- Social experiences
- High Holy Days worship
- Other: _____

Are you interested in Latin programs? yes no

I am interested in High Holy Days Preferred Endowed Seating. yes no
(\$3,600 per seat payable over 3 years or \$3,000 per seat in one payment)

We want to help you observe the **Yahrzeits** of your loved ones. Please provide information below on any you'd like for us to record.

Name	Relationship	Date of Death (AM or PM)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide us with any additional information or requests that you feel are important:

We are an all inclusive Shul. Special financial arrangements may be made for anyone wishing to become part of our Beth Torah Family. If financial conditions preclude you from joining at any of the established categories please contact our COO – Wayne Keil – so that your membership with the Beth Torah Family can be arranged in accordance with your financial circumstances.

Dues payment policy: Each member shall have their account current in accordance with the Payment Option Plan on reverse side. If at all possible, full payment will be very helpful and appreciated. All financial obligations must be met by the end of the fiscal year for the member family to remain in good standing.

By joining Beth Torah and signing below, I agree to abide by its Constitution and bylaws, and to be responsible for all financial obligations incurred through my membership. I understand that all synagogue activities in which I and my family participate in may result in media coverage. I authorize BTBRC to use in its promotional materials any and all photographic, audio and visual images of my family at BTBRC events.

Signature: _____ **Date:** _____

For Office Use Only

Entered in Computer _____ Account # _____ Initials _____