



7500 SW 120 Street, Miami, FL 33156

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*Membership in the Bet Shira community
provides the following opportunities:*

1. *A feeling of pride and satisfaction in being Jewish*
2. *Shabbat and Festival Worship; Daily Minyan*
3. *Reduction in Early Childhood and Camp Tuitions*
4. *Youth Activities*
5. *Monthly Bulletin and Synagogue Mailings*
6. *Special Holiday Celebrations*
7. **Sisterhood*
8. *General Membership meetings and social events*
9. *Adult Opportunities for Learning and unique programming
reflecting individual interests*
10. *Jewish Education Center: K-12th grades*
11. *The support and concern of a community network*
12. *Fulfillment of being part of a K'hilah, a community*

**Nominal Fees Charged*

Bet Shira Congregation has completed 23 years of outstanding service to our community. Our facility continually requires a large amount of upkeep. In order to equalize the responsibility of every family, it is expected that all membership applicants make a pledge to the Building Maintenance Fund according to their ability to contribute. To meet Building Fund requirements, a minimum contribution of \$1,000 payable over a 5-year period is required.

Those financially able to do so are expected to contribute in excess of the annual commitment and in accordance with their means. (Fair Share Program)

We look to you for your cooperation and generosity, which will be a source of encouragement to us.

I hereby make application for membership at Bet Shira Congregation and, upon acceptance, do agree to abide by its Constitution, By-laws and all its rules and regulations.

I agree to \$_____ as my annual commitment and \$18.00 per month Security Fee.

I pledge \$1,000.00 to Bet Shira Congregation's Building Maintenance Fund payable over five years.

Date of Membership

Signature of Applicant

It is customary for all Synagogue members to contribute an additional fee annually to our parent organization the United Synagogue of Conservative Judaism, and charges will appear automatically on your bill.

*Applications are subject to approval of the Board of Directors. One half of dues are payable by **August 31**, and the balance is due by **March 31**. Kindly enclose a check payable to Bet Shira Congregation.*

Please List your Family who are also members of Bet Shira Congregation:

APPLICATION

If you would like assistance filling in this form, please contact the Synagogue Office at 238-2601.

Member 1	Member 2
Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
First Name	
Middle Name	
Last Name	
Informal Name	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Life Partners	
Birth Date (MM/DD/YYYY)	(MM/DD/YY)
Wedding Anniversary (MM/DD/YY)	
Address	
City/State/Zip Code	
Home Phone	
Cell Phone	
E-Mail	
Office Address	
City/State/Zip Code	
Office Phone	
Occupation	
Special Skills or Hobbies	
Do you read Hebrew: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
14. Hebrew Name _____ ben/bat _____ (son/daughter of) Fathers/Mothers Name	_____ ben/bat _____ (son/daughter of) Fathers/Mothers Name
15. Would you like to participate in services? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Chant Haftarah <input type="checkbox"/> Chant Torah <input type="checkbox"/> Lead Prayers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Chant Haftarah <input type="checkbox"/> Chant Torah <input type="checkbox"/> Lead Prayers
16. Tribe: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite	<input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Israelite
17. Prior Synagogue Affiliation? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Synagogue _____ City _____	<input type="checkbox"/> Y <input type="checkbox"/> N If yes, Synagogue _____ City _____
18. Jewish <input type="checkbox"/> birth <input type="checkbox"/> by choice	<input type="checkbox"/> birth <input type="checkbox"/> by choice

APPLICATION

Please fill in the following information as it applies to each of your dependent children, those children who live at home and are still enrolled in a full time education program.

Member Name _____

Child # 1: Gender: M F **Last Name (if different):** _____ **Birth Date:** _____ (MM/DD/YY)

First, Middle & Last Name Nickname Hebrew Name

Pre-School Day School Hebrew School

Public/Private School Current Grade Bar/Bat Mitzvah Y N _____ (MM/DD/YY)

Youth Group Involvement: Yachad 3-5th Grade Kadima 6-8th Grade USY 9-12th Grade



Child # 2: Gender: M F **Last Name (if different):** _____ **Birth Date:** _____ (MM/DD/YY)

First, Middle & Last Name Nickname Hebrew Name

Pre-School Day School Hebrew School

Public/Private School Current Grade Bar/Bat Mitzvah Y N _____ (MM/DD/YY)

Youth Group Involvement: Yachad 3-5th Grade Kadima 6-8th Grade USY 9-12th Grade



Child # 3: Gender: M F **Last Name (if different):** _____ **Birth Date:** _____ (MM/DD/YY)

First, Middle & Last Name Nickname Hebrew Name

Pre-School Day School Hebrew School

Public/Private School Current Grade Bar/Bat Mitzvah Y N _____ (MM/DD/YY)

Youth Group Involvement: Yachad 3-5th Grade Kadima 6-8th Grade USY 9-12th Grade



Child # 4: Gender: M F **Last Name (if different):** _____ **Birth Date:** _____ (MM/DD/YY)

First, Middle & Last Name Nickname Hebrew Name

Pre-School Day School Hebrew School

Public/Private School Current Grade Bar/Bat Mitzvah Y N _____ (MM/DD/YY)

Youth Group Involvement: Yachad 3-5th Grade Kadima 6-8th Grade USY 9-12th Grade

**Bet Shira Congregation Activities
in which you are interested**

Please check appropriate Box/boxes

MEMBER NAME: _____

PHONE #: _____

CATEGORY	Member 1	Member 2
Adult Bar/Bat Mitzvah		
Adult Opportunities for Learning		
Choir and Music		
Early Childhood PTA		
Finance Committee		
Financial Resource Development		
Fundraising Committee		
Golf Tournament		
House & Building Committee		
Israel		
Jewish Education Center/Parent Committee		
Keruv (Outreach)		
Legal Committee By-Laws		
Membership Committee		
Programming		
Publicity and Marketing		
Ritual Committee		
Shabbat Greeters		
Sisterhood		
Special Events (Gala)		
Tikkun Olam and Social Action		
Ushering		
Youth Commission		



Yahrzeit Data

MEMBER NAME: _____

#1

Deceased's First & Last Name: _____

Hebrew Name: _____ Father's Hebrew Name: _____

English Date of Death _____ Hebrew Date of Death _____
MM/DD/YYYY

Before Sundown: Yes No

Name of Observer: _____ Relationship to Observer: _____

#2

Deceased's First & Last Name: _____

Hebrew Name: _____ Father's Hebrew Name: _____

English Date of Death _____ Hebrew Date of Death _____
MM/DD/YYYY

Before Sundown: Yes No

Name of Observer: _____ Relationship to Observer: _____

#3

Deceased's First & Last Name: _____

Hebrew Name: _____ Father's Hebrew Name: _____

English Date of Death _____ Hebrew Date of Death _____
MM/DD/YYYY

Before Sundown: Yes No

Name of Observer: _____ Relationship to Observer: _____

#4

Deceased's First & Last Name: _____

Hebrew Name: _____ Father's Hebrew Name: _____

English Date of Death _____ Hebrew Date of Death _____
MM/DD/YYYY

Before Sundown: Yes No

Name of Observer: _____ Relationship to Observer: _____