



7500 SW 120 Street, Miami, FL 33156
Phone: 305/238-2601 Fax: 305/238-5706
www.betshira.org

*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*
11. *The support and concern of a community network*
12. *Fulfillment of being part of a K'hilah, a community*
13. *Opportunity for lay leadership*

**Nominal Fees Charged*

***New Members Only**

Bet Shira Congregation continues to provide 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.

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

*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 15**, and the balance is due by **March 15**. Kindly enclose a check payable to Bet Shira Congregation.

Please list your family who are also members of Bet Shira Congregation:

_____	_____
_____	_____

FAIR SHARE AT BET SHIRA

FAIR SHARE is a self-evaluating system, and a philosophy of giving under which each family pays an annual commitment according to their financial ability. **FAIR SHARE** places equal responsibility on all families and has proven to be an equitable method of supporting the programs, operations and maintenance of our Synagogue.

Since there are members who cannot afford even a small portion of their annual commitment, it is hoped that those of us who can will give our **FAIR SHARE** to ensure the continued success of Bet Shira.

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

When filling out your membership form, please consider which level of Fair Share support you can provide to your congregation. It is through your support that all members of the Bet Shira family enjoy the continued success of our community.

As always, we are available to talk and answer any questions about your Bet Shira membership, including making arrangements for installment payments. Our Executive Director looks forward to speaking with you. Please call 305/238-2601 for assistance.

FAIR SHARE LEVELS

<i>Koach/ Strength</i>	<ul style="list-style-type: none">• Option to reserve High Holy Days seats at \$118 each for immediate family **• Two tickets for the Annual Concert
<i>Mechubad/Honored</i>	<ul style="list-style-type: none">• All of the benefits of Koach• Two reserved seats for High Holy Days **• Shabbat dinner for two
<i>Elyon/Esteemed</i>	<ul style="list-style-type: none">• All of the benefits of Mechubad• Guest invitations for two to a fund-raising event
<i>Amud/Pillar</i>	<ul style="list-style-type: none">• All of the benefits of Elyon• Two additional reserved High Holy Days seats **• Reserved parking space for current year• Complimentary admission to all synagogue functions and events
<i>Chazak Chazak/ Strong Strength</i>	<ul style="list-style-type: none">• All of the benefits of Amud• Leaf on Simcha Tree

** High Holy Days seats are reserved on a first come/first served basis and must be selected/re-selected every year.

ANNUAL COMMITMENT
PLEASE COMPLETE AND RETURN BY July 15, 2011
50% payment due by August 15, 2011 in order to receive High Holy Days Tickets
Balance due by March 15, 2012

Adult in Household

2nd Adult in Household

Member Name _____

Oldest member in household is...	Commitment	
Household member age 35+	\$2,125	
Household member 30-34 years	\$1,700	
Household member under 30 years	\$ 660	
Household member age 70+	\$ 710	
Head of Household ⁽¹⁾	\$1,300	
Individual	½ of applicable category	
Fair Share Levels⁽²⁾		
<i>Koach/Strength</i>	\$ 3,675	
<i>Mechubad/Honor</i>	\$ 4,600	
<i>Elyon/Esteem</i>	\$ 6,100	
<i>Amud/Pillar</i>	\$ 7,600	
<i>Chazak Chazak/Strong Strength</i>	\$10,000	
<i>Chaver Tov/Good Friend⁽³⁾</i>	\$ 360	
Other Fair Share Level		
Security		\$ 216
United Synagogue Dues		\$ 75
Insurance and Utilities		\$ 180
3% bank fee donation ⁽⁴⁾		
Total Annual Commitment and Fees		

_____ My check is enclosed in the amount of \$ _____

_____ I have paid online at www.betshira.org

_____ Please charge my ___ Visa ___ MasterCard Number _____

_____ Expiration Date

_____ Security Code

_____ Signature

1. Head of Household is a membership for a one-adult household with children living at home.
2. Fair Share levels other than Chaver Tov include Annual Commitment. Please see attached additional information.
3. *Chaver Tov/Good Friend* is a contribution in addition to an annual commitment that helps support the work of Bet Shira Congregation.
4. Bet Shira Congregation is assessed a fee for all credit card charges. We are glad to accept your Visa or MasterCard for payment, and invite you to make an additional donation to offset the credit card processing fees.

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

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

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: _____