

Congregation Beth David

PO Box 125 · Amenia, New York 12501

Tel: 845-373-8264

Website: www.bethdavid.info

Annual Dues 5770 - 2010/2011

	<u>Family</u>	<u>Single Parent</u>	<u>Individual</u>	<u>Senior*</u>
Basic Membership	\$750	\$500	\$440	25% discount
Membership includes High Holy Day tickets.				

**Senior Membership is defined as 65 years of age and neither spouse is employed full-time, with documented limited income.*

Membership dues: \$ _____

We hope you find it in your heart to contribute to the following funds:

Mitzvah Donations:

Building Maintenance Fund

\$25 \$50 \$100 Other \$ _____

Community Outreach Fund

\$25 \$50 \$100 Other \$ _____

Rabbi's Discretionary Fund

\$25 \$50 \$100 Other \$ _____

Dues payable before 9/1/10

For special payment terms or hardship, please contact Larry Ross, the Treasurer at (845)373-9617. (All contacts will remain confidential).

Mitzvah contributions:

\$ _____

Total Contributions:

\$ _____

Name _____ Telephone _____

Number of High Holy Day Tickets Required:

Quantity

_____ Member Tickets..... \$ no charge

_____ Member Dependent Children.....\$ no charge

_____ Member Extended Family* Tickets @\$75.00ea....\$_____

*extended family is defined as self-supporting Children and/or parents

_____ Non-member Tickets @ \$275.00 each seat...\$_____

Yizkor Update - Please list family members you would like remembered During HHD:

Name _____ Relationship _____

Name _____ Relationship _____

(Use reverse side for additional names)

Yizkor Donations:

\$18 \$36 \$72 \$100 \$250 memorial plaque...\$_____

Please send all contributions at your earliest convenience. Your High Holy Day Tickets will be available at the door. Call Larry Ross at (845) 373-9617 if you would like to order a memorial plaque. Please consider be-coming a member. For further information please contact Larry Ross, Treasurer at:

ross119@msn.com or call

Beth David Congregation at

(845) 373-8264

2010/2011 Membership Information

(Please update only if there is new information)

Family_____ Single Parent_____ Individual_____ Senior_____

Last Name: _____ First Name: _____

Primary Address: _____ Secondary Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Primary Phone # _____ Secondary Phone # _____

E- mail address _____ *Please supply e-mail as it will help us to contact you with last minute updates to services and schedules*

Spouse _____

Send correspondence to primary or secondary address

Wedding Anniversary Date ____/____/____

Full names of Children:

_____ Date of Birth ____/____/____ Sex: M__F__

_____ Date of Birth ____/____/____ Sex: M__F__

The following Yarzeits will be remembered at the closest Shabbat service.

Date on which you want the Yartzeit remembered (Hebrew _____ or English _____)

Name / Relationship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you or a family member need handicap access? Y/N _____

How might you be able to help Beth David?

_____ fundraising _____ event planning _____ synagogue clean-up _____ community outreach
_____ education _____ landscaping _____ other