



NEW MEMBERSHIP FORM

(Please Print Clearly)

Send to: Seaside Jewish Community
P.O. Box 1472, Rehoboth Beach, DE 19971
Please remember to fill out all of the information

Dues: If you become a member after June 30th the cost will be \$90 per adult. **(This applies to New Members Only)**. Otherwise the cost is \$180 per adult per year. Children under 18 are Free.

DATE: _____

MEMBER: _____ **BIRTHDAY:** _____

SPOUSE/PARTNER: _____ **BIRTHDAY:** _____
(If Spouse/Partner is also joining, please check the box)

ANNIVERSARY: _____

CHILDREN: *(Under the age of 18)*

- 1. _____ **BIRTHDAY:** _____
- 2. _____ **BIRTHDAY:** _____
- 3. _____ **BIRTHDAY:** _____

EMAIL: _____

Seaside Jewish Community information is distributed via E-mail so please print clearly!

MAILING ADDRESS: _____

PHONE: (_____) _____ **CELL PHONE (OPTIONAL):** (_____) _____

SEASONAL ADDRESS *(If not same as above)*

SEASONAL PHONE: *(If not same as above)* (_____) _____

How did you hear about us? _____

Skills

Please list any special skills/experience and or professional degrees you have. (e.g. lawyer; accountant; physician; musician; public relations; management; cook; writer; Torah reader; etc.)

Committees

If you have time and could volunteer on a committee which one would interest you? Please check all that apply.

- Adult Education Communications Fund Raising Membership
- Social Action Social Events Youth Education Worship / Ritual

(Please check all that apply)

- Yes, you may include my information in a Directory that is distributed to SJC members only.
- Yes, you may send my information to the Jewish Federation of Delaware.