



MEMBERSHIP FORM
Seaside Jewish Community
P.O. Box 1472
Rehoboth Beach, DE 19971

www.seasidejewishcommunity.com

302-226-8977

seasidejewishcommunity@gmail.com

To join, mail this completed form with a check, made out to "Seaside Jewish Community", to the above address.

The information you provide will only be used by Seaside Jewish Community, and is not sold to others. SJC information about Shabbat services, holiday events, programs and activities, and information that is important to our community is included in our weekly emails (called eBlasts) and in our monthly newsletter that is distributed via e-mail. Birthdays will be acknowledged in our newsletter. By submitting this form, you agree to receive email from SJC. If you do not have an email address, we will mail you the newsletter to the mailing address you designate below.

Dues and fees are **\$275 per adult** per calendar year. This amount consists of \$250 for dues and a \$25 Pikuach Nefesh fee to cover SJC's safety, security, and COVID mediation efforts. There is **no** charge for children of members **under** the age of **24**. Dues and fees are payable when you join and at the beginning of each calendar year after that.

Also, for **new members joining after June 30**, dues and fees are **\$150** for the remainder of the calendar year in which you join. This amount consists of half-price dues at \$125 per adult plus the \$25 Pikuach Nefesh fee. After that, full dues and Pikuach Nefesh fees are to be paid annually at the beginning of each calendar year.

We welcome all who want to join regardless of ability to pay. If you cannot afford to pay the full dues and fee amount, or need a payment plan, please contact the SJC Treasurer, to discuss what you would feel comfortable paying. If you have general membership questions, please contact one of the Membership Co-Chairs. You can find all contact information in our current Newsletter on pages 2 and 3, by going to our website at: About Us > Newsletters.

DATE: _____

PLEASE TYPE OR PRINT CLEARLY

NAME OF ADULT 1: _____ **Dues + Fee:** \$ _____

Email Address (Required): _____

Cell Phone (Optional): _____

Birthday (Optional): _____ (month and day **only**, no year)

NAME OF ADULT 2: _____ **Dues + Fee:** \$ _____

Email Address (Required): _____

Cell Phone (Optional): _____

Birthday (Optional): _____ (month and day **only**, no year)

ANNIVERSARY (Optional): _____ **Total Amount:** \$ _____
 (month and day **only**, no year)

NAME OF CHILDREN: (Under the age of 24)

- | | |
|----------|--------------------------------|
| 1. _____ | BIRTHDAY (include year): _____ |
| 2. _____ | BIRTHDAY (include year): _____ |
| 3. _____ | BIRTHDAY (include year): _____ |
| 4. _____ | BIRTHDAY (include year): _____ |

Check One:
 Send mail to this address

HOME ADDRESS: _____

HOME PHONE: _____

BEACH ADDRESS: _____
(if different from home address)

Send mail to this address

BEACH PHONE: _____

*** For your coastal Delaware address, please include the name of the community/development you live in.**

Yes **No** May SJC include your information in our paper/hard copy **SJC Member Directory** that is mailed only to our members?



MEMBERSHIP VOLUNTEER OPPORTUNITIES

**Seaside Jewish Community
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If you are interested in learning more about the following committees and the other opportunities shown below, and would like to volunteer, please check all that may be of interest to you. If you have other skills, talents, or suggestions that you would like to share that may be of interest to us, please list/describe below. Your name(s) and contact information will be forwarded by the Membership Committee to the appropriate committee(s) for follow-up with you either by phone or email. If both adult members are volunteering for different activities, please print your first names by your preference.

	ADULT 1	ADULT 2
NAME		
PHONE		
EMAIL		

Committees	Other	Skills, Talents, Suggestions
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Audio Visual	
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Zoom Master	
<input type="checkbox"/> Chesed (Pastoral Visiting)	<input type="checkbox"/> Epworth Soup Kitchen	
<input type="checkbox"/> Communications	<input type="checkbox"/> Food Rescue	
<input type="checkbox"/> Community Service	<input type="checkbox"/> Oneg Shabbat/Kiddush Sponsor	
<input type="checkbox"/> Finance	<input type="checkbox"/> Pastoral Visiting/ Helping Hands	
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Religious School Teacher/Substitute/Tutor	
<input type="checkbox"/> High Holy Days (HHD) Logistics	<input type="checkbox"/> Service Leader/Darshan	
<input type="checkbox"/> House (Facilities)	<input type="checkbox"/> Torah Reader	
<input type="checkbox"/> Membership		
<input type="checkbox"/> Multi-Faith		
<input type="checkbox"/> Safety and Security		
<input type="checkbox"/> Social Events		
<input type="checkbox"/> Worship/Ritual		
<input type="checkbox"/> Youth Education		