



MEMBERSHIP FORM

Send with dues to:

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

Dues: \$180 per adult per calendar year (See Note **)**
No charge for children under 24.

Please print clearly. Information you provide will only be used by Seaside Jewish Community and is not sold to others, except that we may give your contact information to the Jewish Federation of Delaware if you check the box at the bottom of this page. SJC information, including our newsletter, is distributed via e-mail. 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. Birthdays will be acknowledged in our newsletter.

DATE: _____

Please Print Clearly!

ADULT 1: _____ Amount \$ _____
Email Address (Required): _____ (\$180/year/adult)
Cell Phone (Optional): _____ See Note **
Birthday (Optional): _____ (month & day, no year)

ADULT 2: _____ Amount \$ _____
Email Address (Required): _____ (\$180/year/adult)
Cell Phone (Optional): _____ See Note **
Birthday (Optional): _____ (month & day, no year)

ANNIVERSARY (month & day, no year): _____

Total \$ _____

CHILDREN: (*Under the age of 24*)

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

HOME ADDRESS: _____

Check One:
 Send mail to this address

HOME PHONE: _____

BEACH ADDRESS: _____
(if different)

Send mail to this address

BEACH PHONE: _____

Committees/Skills:

If you have time and could volunteer on a committee or have a skill you want us to know about, please check all that may interest you.

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Service Leader/Darshan |
| <input type="checkbox"/> Building/Facility Management | <input type="checkbox"/> Membership Services | <input type="checkbox"/> Torah Reader |
| <input type="checkbox"/> Community Service/Social Action | <input type="checkbox"/> Oneg Shabbat/Kiddush Sponsor | <input type="checkbox"/> Worship/Ritual |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Pastoral Visiting/Helping Others | <input type="checkbox"/> Youth Education |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Religious School Teacher/Substitute | <input type="checkbox"/> Other (please indicate): _____ |
| | <input type="checkbox"/> Social Event Planning | |

Please Check Yes or No to the following:

- Yes No Include my information in the annual Membership Directory that is distributed to SJC members only.
 Yes No SJC may send my information to the Jewish Federation of Delaware.

** Your membership is important to us. If you cannot afford the dues, please pay what you can afford. No further explanation is needed. Also, **for new members only**, if you become a new member after June 30, the cost is \$90/adult for the remainder of the calendar year in which you joined. After that, you would pay full dues (due on January 1 of each year).