



MEMBERSHIP FORM

Send with dues to:

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

Dues: \$250 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 \$ _____

(\$250/year/adult)
See Note **

Email Address (Required): _____

Cell Phone (Optional): _____

Birthday (Optional): _____ (month & day, no year)

ADULT 2: _____ Amount \$ _____

(\$250/year/adult)
See Note **

Email Address (Required): _____

Cell Phone (Optional): _____

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.

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

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 contact the Treasurer or Membership Chair to discuss what you would feel comfortable paying. Also, **for new members only**, if you become a new member after June 30, the cost is \$125/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).