



CONGREGATION ETZ CHAIM

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Mailing address: PO Box 23399, Oakland Park, FL 33307

Membership Application

June 1, 2016 - May 31, 2017

Membership	Single	Family
Sustaining*	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1600
Regular	<input type="checkbox"/> \$625	<input type="checkbox"/> \$1100
First Year Welcome	<input type="checkbox"/> \$425	<input type="checkbox"/> \$675
Seasonal	<input type="checkbox"/> \$400	<input type="checkbox"/> \$650
Student	<input type="checkbox"/> \$180	

* Sustaining members enjoy a special annual reception.

The Chai Society is Etz Chaim's "JEWEL" level of membership.

Golden Chai	<input type="checkbox"/> \$1800	Ruby Chai	<input type="checkbox"/> \$5400	Diamond Chai	<input type="checkbox"/> \$12,000
Platinum Chai	<input type="checkbox"/> \$3600	Emerald Chai	<input type="checkbox"/> \$9000		

Chai Society members are invited to attend the Chai Society's Jewel Receptions. Contributor's names will also be prominently displayed in the Sanctuary on our newly designed wall panel. *Chai Society contributions include your membership.*

We welcome your membership. Please contact Rabbi Noah for other payment options or membership arrangements at info@EtzChaimFlorida.org

You can also renew your membership online at www.EtzChaimFlorida.org

Please specify your method of payment (Check, Visa, or Mastercard only, please)

- \$ _____ Paid in full (Please make check payable to Congregation Etz Chaim)
- \$ _____ Please charge my credit card the full amount
- \$ _____ Please charge my credit card monthly \$ _____
- I am a Sustaining member. Please charge my credit card \$ _____ and \$ _____ for six months
- I am a Chai Society member. Please charge my credit card \$ _____ and \$ _____ for six months.

Name on card (Visa or Mastercard only) _____

Card number: _____ - _____ - _____ - _____ Exp: ____/____ Code: _____

Billing Address for card _____

Signature _____

(Over, please)

Please list your name as you would like it to appear on our membership rolls.

Name _____ Hebrew Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Birthday _____

(Family Membership)

Name _____ Hebrew Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____ Birthday _____

Seasonal Address and Dates

We appreciate knowing more about our members. Please check the following as it may apply to you.

- Play an instrument Can lead services Can lead singing at services Can give a dvar Torah
 Can speak Yiddish Occupation/Retired from _____

Oneg Sponsorship

The Oneg reception is an integral part of our worship experience. We encourage all members to sponsor at least one Oneg during the year to honor or commemorate a significant life event.

When you sponsor an Oneg, we offer a choice of receptions. At \$175, our “Sweet Desserts” reception will satisfy any sweet tooth, and at \$250, we offer our enhanced reception, the “Lox Box,” Option.

You may also have a uniquely customized oneg. Speak to the Rabbi for details.

Yahrzeits (If not already noted on a previous application)

1. Name _____ Date of Death _____

Relationship _____ Hebrew/English calendar notice (circle one)

2. Name _____ Date of Death _____

Relationship _____ Hebrew/English calendar notice (circle one)

3. Name _____ Date of Death _____

Relationship _____ Hebrew/English calendar notice (circle one)

4. Name _____ Date of Death _____

Relationship _____ Hebrew/English calendar notice (circle one)