



CONGREGATION ETZ CHAIM

2038 N. Dixie Hwy., Wilton Manors, FL 33305 • 954-564-9232
info@etzchaimflorida.org • www.EtzChaimFlorida.org
Mailing address: PO Box 23399, Oakland Park, FL 33307

Membership Application 2017-18 /5778

Membership	Individual	Family
Sustaining*	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1600
Regular	<input type="checkbox"/> \$650	<input type="checkbox"/> \$1150
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	

The Chai Society is Etz Chaim’s “JEWEL” level of membership which generously supports our programs and services. Chai Society donations INCLUDE one year of family membership. (except Grand level which is only for individual membership).

Grand Chai \$1,000 Golden Chai \$1,800 Platinum Chai \$3,600
Ruby Chai \$5,400 Emerald Chai \$9,000 Diamond Chai \$12,000

* Sustaining and Chai Society members enjoy special receptions. Please indicate here if we may list your name/s on our newly designed Sanctuary wall plaque. *You may display my name on the plaque.*

We welcome your membership! Please contact President Jeff Landsman-Wohlsifer at President@EtzChaimFlorida.org for other payment options or membership arrangements.

Our goal is to never turn away anyone for lack of financial ability

* You may also renew 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. Please note that group sponsorships are also welcome.

When you sponsor an Oneg, we offer a choice of receptions. At \$175, our "Sweet Desserts" reception will satisfy any sweet tooth, and at \$275, 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)