



The Jewish Congregation of Venice

600 North Auburn Road, Venice FL 34292

941 484-2022

jewishcongregationofvenice.org

MEMBERSHIP FORM

Fill in the information you know. If you are not aware of all the information, leave it blank. You can fill in this form online, save it, and email it as an attachment; or print it and mail it.

	"PRIMARY" MEMBER INFORMATION	"SECONDARY" MEMBER INFORMATION
First, Middle, and Last Name		
Title (Mr., Mrs., Ms., Dr.) and suffix (Jr., Esq.)		
Nickname		
Gender Identification	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Email		
Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		
Birthdate (mm/dd/yyyy)	____ / ____ / ____ <input type="checkbox"/> Check here if you do not want your birthday shown to the membership.	____ / ____ / ____ <input type="checkbox"/> Check here if you do not want your birthday shown to the membership.
Main Phone		
Cell Phone		
Emergency Information (Other than Spouse)		
Retired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Semi-retired
Occupation (Former Occupation)		
Area of Specialization or Expertise		

ADDRESS

Name(s)	
<i>Please print name(s) as you wish to be listed in the Membership Directory.</i>	
Florida Address (include zip code)	
Second Street Address (include zip code)	
Florida Development Name	

FAMILY INFORMATION

	"PRIMARY" MEMBER	"SECONDARY" MEMBER
Personal Status	<input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married
Anniversary	_____/_____/_____ <input type="checkbox"/> Check here if you do not want your anniversary shown to the membership.	_____/_____/_____ <input type="checkbox"/> Check here if you do not want your anniversary shown to the membership.
Children Under 18 Include First and Last Name and Hebrew Name	1	
	2	
	3	
	4	
Young Adults Between the Ages of 18 and 25	1	
	2	
	3	
	4	

Are you interested in participating in services honors? (Such as lighting candles or opening the Ark.)
 Yes No

Are you interested in an Aliyah?
 Yes No

Do you have relatives who are members of the JCV?

Names	1	2
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Yahrzeits

You may contact the JCV at any time to add names and dates.

Deceased Name	Mourner	Relationship to Adult "Primary" or "Secondary"	English Date of Death	Hebrew Observance

Volunteer Opportunities

Please check all areas of interest to you including those in which you may consider volunteering now or in the future.

"PRIMARY" MEMBER	"SECONDARY" MEMBER
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Caring Committee	<input type="checkbox"/> Caring Committee
<input type="checkbox"/> Chavurah	<input type="checkbox"/> Chavurah
<input type="checkbox"/> Choir	<input type="checkbox"/> Choir
<input type="checkbox"/> Crafty Mavens	<input type="checkbox"/> Crafty Mavens
<input type="checkbox"/> Food Festival	<input type="checkbox"/> Food Festival
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Greeter	<input type="checkbox"/> Greeter
<input type="checkbox"/> House and Grounds	<input type="checkbox"/> House and Grounds
<input type="checkbox"/> Leadership	<input type="checkbox"/> Leadership
<input type="checkbox"/> Library	<input type="checkbox"/> Library
<input type="checkbox"/> Membership	<input type="checkbox"/> Membership
<input type="checkbox"/> Men's Club	<input type="checkbox"/> Men's Club
<input type="checkbox"/> Oneg Serving or Sponsorship	<input type="checkbox"/> Oneg Serving or Sponsorship
<input type="checkbox"/> Publications	<input type="checkbox"/> Publications
<input type="checkbox"/> Ritual	<input type="checkbox"/> Ritual
<input type="checkbox"/> Sisterhood	<input type="checkbox"/> Sisterhood
<input type="checkbox"/> Special Events	<input type="checkbox"/> Special Events
<input type="checkbox"/> Technology	<input type="checkbox"/> Technology

SIGNATURE(S)

The JCV offers two levels of membership:

1. **Full Time Membership** entitles members to participate in all of our services, including High Holy Days tickets. Annual dues are: (a) \$700.00 per person or (b) \$1400.00 per couple or family (children under 18)

2. **Seasonal Membership** entitles members who are in Florida seven months or less to utilize all JCV services, excluding High Holy Days tickets.

Annual dues are: (a) \$400.00 per person or (b) \$800.00 per couple or family (children under 18)

Payment: Membership is not active until the first payment is received.

Membership dues may be paid annually, semi-annually, monthly, or through special arrangement with the JCV treasurer at treasurer@thejcv.org. A payment must be paid by September 1 to receive High Holy Days tickets.

Mail or bring your check and membership form to: Jewish Congregation of Venice, 600 N. Auburn Road, Venice, FL 34292. Please make the check payable to the JCV and mark it "Membership," or email your completed form to jcvenice2@gmail.com, or if you prefer, payment(s) can be made online ([click here](#)).

Children under 18 are included in the family membership. Young adults between the ages of 18 and 25 receive free membership and should complete a separate application.

____ (initials) ____ (initials) I/we consent to receive notice of General and Special Meetings of the Jewish Congregation of Venice (JCV) and all other Notices required by Florida Statutes, the JCV Bylaws, and the JCV Articles of Incorporation by electronic mail at my/our electronic mail address(es) on record with the JCV.

By signing this application I/we understand that dues are not refundable.

"PRIMARY" MEMBER		
Print Name	Signature	Date

"SECONDARY" MEMBER		
Print Name	Signature	Date

The Jewish Congregation of Venice respects the privacy of your personal, financial, and membership information.
For questions, contact membership@thejcv.org or call the JCV office at 941-484-2022.

Official Use:

Date Received: _____

Date Payment Received: _____