



MEMBERSHIP FORM 2024

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

www.seasidejewishcommunity.com

302-226-8977

seasidejewishcommunity@gmail.com

To join, mail this completed form with a check made out to "Seaside Jewish Community" to the above address.

The information you provide will only be used by Seaside Jewish Community, and is not sold to others. SJC information about Shabbat services, holiday events, programs and activities, and information that is important to our community is included in our weekly emails (called eBlasts) and in our newsletter, "The Scroll", that is distributed via e-mail. Birthdays will be acknowledged in our newsletter. 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 to the mailing address you designate below.

Dues are **\$500 per adult** per calendar year, **beginning January 1**. There is **no** charge for children of members **under** the age of **24**. Dues are payable at the beginning of each calendar year.

For **new members joining after June 30**, dues are **\$250 per adult** for the remainder of the calendar year in which you joined. After that, full dues are to be paid on an annual basis at the beginning of each calendar year.

We welcome all who want to join regardless of ability to pay. If you cannot afford to pay the full dues amount or need a payment plan, please contact our SJC Treasurer at: Treasurer@seasidejewishcommunity.com to discuss options. If you have general membership questions, please contact our Membership Committee Chair at: Membership@seasidejewishcommunity.com.

DATE: _____ **PLEASE TYPE OR PRINT CLEARLY**

| | |
|---|-------------------------------|
| NAME OF ADULT 1: _____ | Dues: \$ _____ |
| Email Address: (Required) _____ | |
| Cell Phone: (Required) _____ | |
| Birthday: (Optional) _____ (month, day, and year) | |
| NAME OF ADULT 2: _____ | Dues: \$ _____ |
| Email Address: (Required) _____ | |
| Cell Phone: (Required) _____ | |
| Birthday: (Optional) _____ (month, day, and year) | |
| Anniversary (Optional): _____ | Total Amount: \$ _____ |
| (month, day and year) | |

NAME OF 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: * _____ | _____ Send mail to this address |
| <i>(If different from home address)</i> _____ | |
| BEACH PHONE: _____ | |
| BEACH Community /Development * _____ | |

*** For your coastal Delaware address, please include the name of the community/development you live in.**

Yes **No** May SJC include your information in our online/electronic **Member Directory** that is **only** accessible to our members?

MEMBERSHIP VOLUNTEER OPPORTUNITIES



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If you are interested in learning more about the following committees and the other opportunities shown below, and would like to volunteer, please check all that may be of interest to you. If you have other skills, talents, or suggestions that you would like to share that may be of interest to us, please list/describe below. Your name(s) and contact information will be forwarded by the Membership Committee to the appropriate committee(s) for follow-up with you either by phone or email. If both adult members are volunteering for different activities, please print your first names by your preference.

| | ADULT 1 | ADULT 2 |
|--------------|----------------|----------------|
| NAME | | |
| PHONE | | |
| EMAIL | | |

| Committees | Other | Skills, Talents, Suggestions |
|---|--|-------------------------------------|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Epworth Soup Kitchen | |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Food Rescue | |
| <input type="checkbox"/> Chesed | <input type="checkbox"/> Helping Hands | |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Meal Train (sign up) for members & others who are ill | |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Pastoral Visiting | |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Shelter Meal Preparation | |
| <input type="checkbox"/> Fundraising | | |
| <input type="checkbox"/> High Holy Days (HHD) Logistics | <input type="checkbox"/> Audio Visual | |
| <input type="checkbox"/> House (Facilities) | <input type="checkbox"/> Database Administration | |
| <input type="checkbox"/> Kitchen Cabinet | <input type="checkbox"/> Media Relations | |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Website Administration | |
| <input type="checkbox"/> Safety and Security | <input type="checkbox"/> Zoom Master | |
| <input type="checkbox"/> Social Events | | |
| <input type="checkbox"/> Social Justice | <input type="checkbox"/> Greeters/Ushers (to greet guests upon arrival) | |
| <input type="checkbox"/> Worship/Ritual | <input type="checkbox"/> Oneg Shabbat/Kiddush Sponsor | |
| <input type="checkbox"/> Youth & Family Engagement | <input type="checkbox"/> Religious School Teacher | |
| | <input type="checkbox"/> Service Leader/Darshan | |
| | <input type="checkbox"/> Torah Reader | |