



## MEMBERSHIP APPLICATION

1459 Pine Ridge Road, Naples, FL 34109  
(239) 434-1818 or (239) 254-1486

### Adult One

Preferred Title  Mr.  Mrs.  Dr.  Ms.  Rabbi  Other \_\_\_\_\_

Name     
Last First Middle

Hebrew Name     Cohen  
Hebrew Name Father's Hebrew Name Mother's Hebrew Name  Levi  
 Israel

Date of Birth  Familiar Name

Cell Number  Email

### Adult Two

Preferred Title  Mr.  Mrs.  Dr.  Ms.  Rabbi  Other \_\_\_\_\_

Name     
Last First Middle

Hebrew Name     Cohen  
Hebrew Name Father's Hebrew Name Mother's Hebrew Name  Levi  
 Israel

Date of Birth  Familiar Name

Cell Number  Email

Wedding Date

### Address

Local    
Street Development/Condominium Name

City  State  Zip

Phone

### Out of Area

Street

City  State / Province  Zip

Phone  Country

Period Out of Area  Through



**MEMBERSHIP APPLICATION (Continued)**

**\* Dependent Children**

| English Name | Gender  | Hebrew Name | Date of Birth | Date of BM | Grade Level | YM |
|--------------|---|-------------|---------------|------------|-------------|----|
|              | <input type="checkbox"/> M <input type="checkbox"/> F |             |               |            |             |    |
|              | <input type="checkbox"/> M <input type="checkbox"/> F |             |               |            |             |    |
|              | <input type="checkbox"/> M <input type="checkbox"/> F |             |               |            |             |    |
|              | <input type="checkbox"/> M <input type="checkbox"/> F |             |               |            |             |    |
|              | <input type="checkbox"/> M <input type="checkbox"/> F |             |               |            |             |    |
|              | <input type="checkbox"/> M <input type="checkbox"/> F |             |               |            |             |    |

\* If requesting a Youth Membership, please check-mark in the last box on the right.

**Yabrtzeiten**

| English Name | Hebrew Name | Relation to Member | English Date<br>(Include Year) | Hebrew Date |
|--------------|-------------|--------------------|--------------------------------|-------------|
|              |             |                    |                                |             |
|              |             |                    |                                |             |
|              |             |                    |                                |             |
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|              |             |                    |                                |             |
|              |             |                    |                                |             |
|              |             |                    |                                |             |
|              |             |                    |                                |             |

The undersigned hereby applies/apply for membership in Beth Tikvah, subject to all the rules and regulations of the community, and agrees/agree to pay the applicable sums for annual dues and building fund pledge (if any) subject to approval by the Board of Trustees.

My/our dues commitment for the membership period [ ] through June [ ] is \$ [ ] and a check in this amount is attached.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Signature(s) if this application is for more than one person.

\*A special rate applies to those family members from age of Bar or Bat Mitzvah through 21 years of age who wish to be voting Youth Members.

**Mail to:**  
**Membership Chair, Beth Tikvah of Naples, Inc.**  
**1459 Pine Ridge Rd. Naples FL 34109**