



CONTACT INFORMATION

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CELL PHONE: _____

E-MAIL: _____

PARTNER NAME: _____ PARTNER BIRTHDATE: _____

PARTNER CELL PHONE: _____

PARTNER EMAIL: _____

ANNIVERSARY DATE: _____

CHILD #1 NAME: _____ CHILD #1 BIRTHDATE: _____

CHILD #2 NAME: _____ CHILD #2 BIRTHDATE: _____

CHILD #3 NAME: _____ CHILD #3 BIRTHDATE: _____

CHILD #4 NAME: _____ CHILD #4 BIRTHDATE: _____

OTHER MEMBERS OF THE HOUSEHOLD: _____

Yahrzeit Info (if observed)

NAME OF RELATIVE, RELATIONSHIP & DATE OF DEATH: _____

MEMBERSHIP INFO

Beth Or depends on our members' participation to help create and sustain the growth of our community through their involvement on one or more of our volunteer teams.

WOULD YOU LIKE TO JOIN ONE OF OUR VOLUNTEER TEAMS? YES NO _____

WHICH TEAM OR TEAMS ARE YOU INTERESTED IN JOINING? _____

SOCIAL ACTION HOSPITALITY (MEMBERSHIP & WELCOME) JEWISH LEARNING RITUAL AND CELEBRATION

SOCIAL MEDIA AND COMMUNICATIONS FUNDRAISING SACRED SPACE -INTERIOR SACRED SPACE -EXTERIOR

Beth Or pursues the directive of tikkun olam, healing the world, as an integral component of Jewish life. Prayers and sacred gatherings inspire us to enhance compassion, love and equity in the world. Our Social Justice Team organizes opportunities throughout the year to provide for society's vulnerable and to fight against discrimination and oppression. We encourage everyone to be involved in at least 2 of our social justice projects, as we bring real and sustainable change to our local community and to our world.

ARE YOU COMMITTED TO BEING INVOLVED IN TIKKUN OLAM PROJECTS AT BETH OR? YES NO _____

MEMBERSHIP CATEGORIES

CREATIVE SUPPORTER <i>Suggested for individuals under 35 years</i> <i>Includes 1 HHD Ticket</i>	\$600	CUTTING EDGE SUPPORTER <i>Suggested for families with children ages 6-18</i> <i>Includes 2 adult HHD Tickets plus children</i>	\$2400
SPIRITUAL SUPPORTER <i>Suggested for individuals age 35+</i> <i>Includes 1 HHD Ticket</i>	\$1200	VISIONARY SUPPORTER <i>Suggested for anyone who wants to support our vision</i> <i>Includes 3 HHD Tickets</i>	\$3000
INNOVATIVE SUPPORTER <i>Suggested for couples and/or for Families with Children under age 6</i> <i>Includes 2 HHD Tickets for Adults</i>	\$1800	PASSIONATE SUPPORTER <i>Suggested for anyone who is passionate about our vision</i> <i>Includes 4 HHD Tickets</i> <i>Plus a private study session with the Rabbi</i>	\$3600

CATEGORY & PAYMENT INFORMATION

SUPPORTER CATEGORIES: **CREATIVE** | \$600 **SPIRITUAL** | \$1200 **INNOVATIVE** | \$1800
 CUTTING EDGE | \$2400 **VISIONARY** | \$3000 **PASSIONATE** | \$3600

SCHEDULE: MONTHLY ANNUALLY

TOTAL TO BE CHARGED: \$ _____

CARDHOLDER NAME _____

BILLING ADDRESS _____

CARD NUMBER _____

BILLING ZIP _____

EXPIRATION DATE _____

CVV CODE _____

SIGNATURE _____

ANY OTHER INFORMATION YOU WOULD LIKE RABBI ROBYN TO KNOW (*this information is private*):

Please return this form to:

Beth Or
11715 SW 87th Ave
Miami, FL 33176