



C O N G R E G A T I O N

Beit Simcha

"Serve God with Joy"

join us

Welcome to Congregation Beit Simcha. We are so happy you have chosen to become a part of our community. We hope that you will find membership in our Congregation an enriching experience, and we encourage you to explore the varied opportunities for Jewish expression and learning that Congregation Beit Simcha offers.

Membership Application

2019-20 (5780)

Effective: April 1, 2019 – June 30, 2020

Please call our office at: (520) 276-5675 or email: membership@beitsimchatucson.org you have questions or need assistance completing this application.

All information in this application will be treated confidentially.

Application Date: _____ Referred by: _____

Contact / Personal Information

How would you like your information to appear on Congregation Beit Simcha communications?

NAME(S)

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE ()

CEL PHONE ()

EMAIL ADDRESS

Adult One	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> _____	Adult Two	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> _____
NAME		NAME	
NICKNAME, IF APPLICABLE		NICKNAME, IF APPLICABLE	
CEL PHONE ()		CEL PHONE ()	
WORK PHONE ()		WORK PHONE ()	
EMAIL ADDRESS		EMAIL ADDRESS	
PLACE OF BUSINESS, IF APPLICABLE		PLACE OF BUSINESS, IF APPLICABLE	
HEBREW NAME, IF KNOWN		HEBREW NAME, IF KNOWN	
MOTHER'S HEBREW NAME, IF KNOWN		MOTHER'S HEBREW NAME, IF KNOWN	
FATHER'S HEBREW NAME, IF KNOWN		FATHER'S HEBREW NAME, IF KNOWN	
DATE OF BIRTH (dd/mm/yyyy)		DATE OF BIRTH (dd/mm/yyyy)	
GENDER		GENDER	
ANNIVERSARY DATE, IF MARRIED		ANNIVERSARY DATE, IF MARRIED	
Special Skills / Interests / Talents <input type="checkbox"/> WEBMASTER <input type="checkbox"/> GRAPHIC DESIGN <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FINANCE <input type="checkbox"/> PR/MARKETING <input type="checkbox"/> MUSICAL TALENT <input type="checkbox"/> TEACHER <input type="checkbox"/> OTHER _____		Special Skills / Interests / Talents <input type="checkbox"/> WEBMASTER <input type="checkbox"/> GRAPHIC DESIGN <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> FINANCE <input type="checkbox"/> PR/MARKETING <input type="checkbox"/> MUSICAL TALENT <input type="checkbox"/> TEACHER <input type="checkbox"/> OTHER _____	

Information About Your Child/Children				
	Child One	Child Two	Child Three	Child Four
FIRST NAME				
LAST NAME, IF DIFFERENT				
NICKNAME, IF APPLICABLE				
HEBREW NAME, IF KNOWN				
GENDER				
DATE OF BIRTH (dd/mm/yyyy)				
GRADE/SCHOOL				
Attending Religious School at Beit Simcha?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please complete the Religious School Registration and Consent Forms and submit them with this form.				

Members of Family who are Congregation Beit Simcha Members

Please list any relatives who are Congregation Beit Simcha members, and your relationship:

NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP

Yahrzeit Information

Congregation Beit Simcha wishes to acknowledge the Yahrzeits of your loved ones on the appropriate Shabbat. Please include the year of your loved one's death, so that an accurate Hebrew date can be determined.

NAME	FAMILY RELATIONSHIP (AND TO WHICH ADULT)	DATE OF DEATH (dd/mm/yyyy)	OBSERVE SECULAR OR HEBREW DATE?
			<input type="checkbox"/> SECULAR <input type="checkbox"/> HEBREW
			<input type="checkbox"/> SECULAR <input type="checkbox"/> HEBREW
			<input type="checkbox"/> SECULAR <input type="checkbox"/> HEBREW
			<input type="checkbox"/> SECULAR <input type="checkbox"/> HEBREW
			<input type="checkbox"/> SECULAR <input type="checkbox"/> HEBREW
			<input type="checkbox"/> SECULAR <input type="checkbox"/> HEBREW
			<input type="checkbox"/> SECULAR <input type="checkbox"/> HEBREW

Application Continues on Next Page

2019-20 (5780) Dues Commitment Level

ADULT ONE NAME		ADULT TWO NAME	
EMAIL	PHONE ()	EMAIL	PHONE ()

STEP 1: CHOOSE YOUR COMMITMENT LEVEL

Congregation Beit Simcha offers three different membership levels, so you can choose which level fits your circumstances the best. Whatever contribution level is possible for you right now, please know how much we appreciate you and your support.

FAMILY MEMBERSHIP (includes parents/guardians and minor children living together)

REGULAR SUPPORT: \$1,300

ENHANCED SUPPORT: \$1,800

GENEROUS SUPPORT: \$3,600

INDIVIDUAL OR WINTER VISITOR MEMBERSHIP

REGULAR SUPPORT: \$900

ENHANCED SUPPORT: \$1,200

GENEROUS SUPPORT: \$1,800

UNDER 25 MEMBERSHIP

REGULAR SUPPORT: \$180

ENHANCED SUPPORT: \$360

SIMCHA SHEL MITZVAH: HONORARY GIVING LEVELS

Not surprisingly, our membership dues do not cover the Congregation's expenses, and without generous donations we would be unable to fulfill our mission of building a sacred community. Thus our basic dues represent a member's minimum financial commitment. Recognizing that there are many members who have the ability and desire to provide greater support, Congregation Beit Simcha has honorary giving levels to provide a mechanism for this increased level of giving. The generosity of members who are able to give at these higher levels is vital to the sustainability and growth of the Congregation.

CHAVER (Friend): \$1,801 – \$3,599

MAGEIN (Shield/Protector): \$3,600 – \$7,199

TZADIK (Righteous): \$7,200 – \$17,999

BRACHAH (Blessing): \$18,000 or above

We invite you to join using the above schedule to determine your dues commitment. Please note that no one has ever been denied membership due to financial circumstances, so we encourage you, if the dues levels above would create a financial hardship, to contact us so we can work with you.

COMMITMENT AMOUNT: \$ _____ SINGLE PAYMENT TWO PAYMENTS (Now and 6/1)

STEP 2: CHOOSE YOUR FORM OF PAYMENT

CHECK (make payable to Congregation Beit Simcha) ACH DEBIT (voided check enclosed) CREDIT CARD (processing fee applies)

NAME ON CARD		
ACCOUNT NO.	EXPIRES	CVV
	□ □ / □ □	□ □ □
STREET ADDRESS		
CITY	STATE	ZIP CODE

As a member of Congregation Beit Simcha, I understand that I am making a full year financial commitment to support the Congregation. I further understand that the Congregation depends on this commitment, and I will fulfill my financial obligation on or before June 1, 2019. If I am unable to do so, I agree to contact the Congregation's finance department to make alternative payment arrangements.

Signature _____ **Date** _____