



W E L C O M E

ברוכים הבאים



Aventura Turnberry Jewish Center

**MEMBERSHIP APPLICATION**

*We look forward to welcoming you into our synagogue family!*

William W. Landa  
*Chairman of the Board*

Rabbi Jonathan E. Berkun

Marcy S. Resnik  
*President*

Cantor David Muchnick

Dr. Amir Baron  
*Executive Vice President*

Melissa Galfond  
*Membership Director*



# Family Information

<b>Office Use Only</b>	
Member #	_____
Join Date	_____
Type of Membership	_____

## Tell us about Yourself

	Member 1	m/f	Member 2	m/f
Name (Mr/Mrs/Dr,etc.)				
Home Address:			City/State/Zip:	
Home Phone			Home Fax	
Cell Phone				
Email Address				
Date of Birth mm/dd/yy				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single/Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Life Partners			
Wedding Anniversary If applicable: mm/dd/yy				
Hebrew Name				
Kohain/Levi/Israelite				
Bar/Bat Mitzvah Date				
Occupation				
Business Name				
Business Phone				
Alternate Address			City/State/Zip:	

## Please tell us about your children:

	Child #1	Child #2	Child #3	Child #4
First, Middle & Last Name				
Male/Female				
Hebrew Name				
Birth Date				
Bar/Bat Mitzvah Date				
Name/Grade of School				
Name/Grade Hebrew School/Hebrew High				
Youth Group/Koach				
College Name/Address				
Email address				
Cell Phone				

## ***Yahrtzeit Information***

English Name	English Date of Death including Year	AM/PM	Relationship
1)			
2)			
3)			
4)			
5)			
6)			

## ***Synagogue Committees of Interest to Join:***

Please  all that apply:

<input type="checkbox"/>	Adult Bar/Bat Mitzvah	<input type="checkbox"/>	Special Events (Gala)	<input type="checkbox"/>	Religious School	<input type="checkbox"/>	Holocaust Survivors
<input type="checkbox"/>	Adult Education	<input type="checkbox"/>	Hazak (Senior)	<input type="checkbox"/>	Ritual	<input type="checkbox"/>	School
<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	High Holy Days	<input type="checkbox"/>	Shabbat Greeters	<input type="checkbox"/>	Theatre Club
<input type="checkbox"/>	Bikkur Cholim	<input type="checkbox"/>	Israel	<input type="checkbox"/>	Single Parents	<input type="checkbox"/>	Tikkun Olam
<input type="checkbox"/>	Building & Grounds	<input type="checkbox"/>	Keruv (Outreach)	<input type="checkbox"/>	Singles	<input type="checkbox"/>	Ushering
<input type="checkbox"/>	Finance	<input type="checkbox"/>	Membership	<input type="checkbox"/>	Sisterhood	<input type="checkbox"/>	Young Couples
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Men's Club	<input type="checkbox"/>	Social Action	<input type="checkbox"/>	Young Professionals

Other \_\_\_\_\_

## ***Heritage Society: (Planned Giving)***

\_\_\_\_\_ I am interested in joining the Heritage Society and thus ensuring Jewish Continuity.

## ***Membership Dues Categories:***

\_\_\_\_\_ Double Chai \$3,600 - All Inclusive: Four High Holiday Tickets, Name on Synagogue Membership Chai Wall, Two Tickets to Annual Gala and Private Speaker's Luncheon, Membership to Brotherhood and/or Sisterhood, & a Full page ad in our annual Book of Remembrance publication

\_\_\_\_\_ Family \$1,800      \_\_\_\_\_ Young Family (32 & under) \$1,350      \_\_\_\_\_ Seasonal Family \$1,000

\_\_\_\_\_ Single \$1,000      \_\_\_\_\_ Young Single (36 & under) \$360      \_\_\_\_\_ Seasonal Single \$550

\_\_\_\_\_ I am applying for Reduced Dues Consideration.

\_\_\_\_\_ Enclosed, please find my check in the amount of \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed, please find an additional donation in the amount of \$ \_\_\_\_\_

*In honor of:* \_\_\_\_\_ *In memory of:* \_\_\_\_\_

\_\_\_\_\_ Please charge my credit card in the amount of \$ \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ I authorize \_\_\_\_\_ I do not authorize my personal information to be listed in ATJC's Membership Directory.

Relationship to ATJC Member(s)? \_\_\_\_\_

Religious Tradition in which you were raised? *Orthodox, Conservative, Reform*

Are you currently a member of another congregation?  Yes  No

Name: \_\_\_\_\_

Areas of Jewish Expertise? \_\_\_\_\_

Civic/Cultural Affiliations? \_\_\_\_\_

Others residing in your home and their relationship? \_\_\_\_\_

Disabilities or special needs? \_\_\_\_\_

How did you learn about Aventura Turnberry Jewish Center?

What motivated you to join?

Please list any others you think would be interested in joining ATJC.

*The undersigned hereby applies for membership and agrees to abide by the constitution and bylaws of the Aventura Turnberry Jewish Center. The undersigned agrees to pay all application sums and annual dues.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Welcome to the Family

