

# BOCA JEWISH CENTER

**MEMBERSHIP APPLICATION** 

Boca Jewish Center 21065 Powerline Road Boca Raton, FL 33433 www.BocaJewishCenter.org

## **MEMBERSHIP APPLICATION**

DATE	Please attach or email us a current picture of your family for security purposes				
MALE NAME MR / DR / RABBI					
(Please print)	Last		First	Middle	
FEMALE NAME MRS / MISS / MS /	DR				
(Please print)	Last		First	Middle	
RESIDENCE					
Street			City, State, Zip	Phone#	
ALTERNATE RESIDENCE					
Street			City, State, Zip	Phone#	
EMAIL (Male):				(All mailings will be sent by Email	
EMAIL (Female):				(All mailings will be sent by Email)	
DATE ARRIVED IN THE COMMUNITY	'/				
MARITAL STATUS: Married/ Si (Checl	ngle/ Widowed/ k one if applicable)	Divorced/	Separated <b>Wed</b>	ding Anniversary//	
	Is there any conve	ersion in the	amily? 🗌 Yes 🗆 I	No.	
If yes, please provide supporti	ng documentation f	rom the Rabb	inical Court that sup	pervised the conversion. Thank you.	
MALE Date of Birth//	-		FEMALE Date of Bir	th/	
Occupation		-	Occupation		
Business Name		_	Business Name		
Cell Phone #		-	Cell Phone #		
Full Hebrew Name			Full Hebrew Name		
(English Alphabet)		-	(English Alphabet)		
Tribe (Check One) □Cohen □	Levi □Israelite		Father's Hebrew Na	ame	
Father's Hebrew Name			(English Alphabet)		
(English Alphabet)					
Mother's Hebrew Name			(English Alphabet)	lame	
(English Alphabet)		_ '	(Lingiishi Aliphiaset)		
( - · · · · · · · · · · · · · · · · · ·	How did you h	hear about B	oca Jewish Center?		
Do y	ou have any acquain	ntances withi	n our community? If	so, who?	
Kindly list Current Synon	ogue & Communel A	Affiliations P	ease provide Pakki'	s name & telephone number.	
	_		-		
1					

#### WHAT BEING A MEMBER OF THE BOCA JEWISH CENTER MEANS TO ME

- Family membership includes 2 seats for the High Holidays and Single Membership includes 1 seat for the High Holidays.
- ♦ The ability to receive honors during services throughout the year.
- ♦ Access to our amazing Rabbi, Rabbi Yaakov Gibber.
- ♦ The ability to vote at the Annual Meeting as well as vote in the Annual Elections.
- The ability to attend any of the prayer services that are held throughout the year.
- The opportunity to attend all of the classes that take place on the campus during the year.
- The ability to keep a "shtender" in the shul (so long as permitted by the Shul)
- ♦ The ability to hold a Family Life Cycle event at the Shul, and at the reduced membership rate.
- The option of being a part of the fantastic Scholar in Residence programs that are organized.
- ♦ The ability to take advantage of the Youth Department and the Shabbat Morning Youth Groups.
- ♦ The opportunity to have the benefit of the services provided by the Chesed Committee should you ever need them.

CHILDREN					
CHILD'S FULL NAME (FIRST & LAST)	DATE OF BIRTH	MALE/FEMALE	LIVES AT HOME	SCHOOL/GRADE	
English:	/ /	□Male □Female	□Yes □No		
Hebrew (Use English Alphabet):					
English:	/ /	□Male □Female	□Yes □No		
Hebrew (Use English Alphabet):					
English:	/ /	□Male □Female	□Yes □No		
Hebrew (Use English Alphabet):					
English:	/ /	□Male □Female	□Yes □No		
Hebrew (Use English Alphabet):					
English:	/ /	☐Male ☐Female	□Yes □No		
Hebrew (Use English Alphabet):					

#### **YAHRZEIT RECORD**

NAME OF DEPARTED	COMPLETE DATE OF DEATH (in English)	BEFORE OR AFTER SUNSET	RELATIONSHIP	MOURNER'S NAME
English:	1 1			
Hebrew (Use English Alphabet):	/ /			
English:	1 1			
Hebrew (Use English Alphabet):	/ /			
English:	1 1			
Hebrew (Use English Alphabet):	/ /			
English:	, ,			
Hebrew (Use English Alphabet):	/ /			
English:	, ,			
Hebrew (Use English Alphabet):	/ /			

	For year January 1, 20	022 to December 31, 2022			
Annual Dues (circle one)	\$25,0000 (Heritage Society) / \$18,0	00 (Heritage Society) / \$36,000 (Heritage) 000 (Heritage Society) / \$10,000 (Heritage) d Single) / \$1,800 (Family) / \$1,000 (Sin	ge Society)		
Required:	Security Fee\$ 175 per I	Family Sisterhood Membership	\$ <u>36.00</u>		
Payable with application	\$				
Balance to be paid as follows	lows (choose one):				
FULL PAYMENT	SEMI ANNUAL PAYMENTS	QUARTERLY PAYMENTS	MONTHLY PAYMENTS		
PAYMENT METHOD:					
By Credit Card	Mastercard DISCOVER OR	By Check OR Post Dated Ch	necks		
Card Number :		Exp. Date:	CVV:		
Billing Address for Credit Card:					
	Street	City State	Zip		
		D	ate:		
Your signature for confirm	nation purposes				
	<del>-</del>	Executive Director. He will, in a confidor rmation you furnish will be kept confid			
☐ I/WE SUBMIT N		ERSHIP AT BOCA JEWISH CENTER AND	AGREE TO ABIDE BY ITS		
☐ I/WE UNDERSTA	ND THAT DUES AND SECURITY FEE PA	AYMENTS ARE PAYABLE ACCORDING TO	SYNAGOGUE POLICY IN THE		
EVENT OF RESIGNATION,	, I /WE WILL BE RESPONSIBLE FOR A	LL OBLIGATIONS ACCRUED PRIOR TO RE	SIGNATION.		
I /WE HAVE READ THE DERECH ERETZ STATEMENT BELOW AND AGREE TO ABIDE BY IT.					
Applicant's Signature		Applicant's Signature			

### **BOCA JEWISH CENTER DERECH ERETZ STATEMENT**

Derech Eretz, good and proper conduct, and mutually respectful dialogue are core values of the Boca Jewish Center community. These create a "safe place" for inspiration and spiritual growth, the central purpose of the Synagogue. It is a violation of Jewish law and ethics to use harsh language (vitriol) to demonize or to marginalize people with whom one may disagree. Uncivil expression reflects negatively on our Synagogue as well as on the individuals who engage in such behavior.

Boca Jewish Center expects its members to act and to speak with kindness and sensitivity to others. It is only in this fashion that a strong, vibrant, and harmonious community can be created and maintained. Adherence to this policy is a requirement for membership in good standing at Boca Jewish Center.



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