



Temple Beth El of City Island
 “your shul by the sea”
 P.O. Box 188
 Bronx, NY 10464
www.yourshulbythesea.org



Please return this entire page as you membership application/renewal form

Biographical information

(Individual Membership & Primary member of family)

Name: _____ Email: _____
 Address: _____ Phone: _____
 City/State/Zip _____ Birthday: _____ Anniversary _____

If you do **not** want your contact information listed on our private members only website, check here

(Family Memberships including partners and children under 21) additional info can be written on back.

Additional Name: _____ Relationship: _____
 Age: _____ Birthday: _____

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 Age: _____ Birthday: _____

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 Age: _____ Birthday: _____

Interests & Community Service (circle all that apply)

I/we are most interested in...
 Prayer services Social events
 Music Learning Hebrew
 Childhood education Bnai Mitzvah prep
 Social Action Adult education
 Other: _____

I/we can donate time and energy to...
 Website development Social networking
 Fundraising Grant writing
 Buildings & Grounds Playing music
 Oneg assistance Visiting the ill
 Teaching Hebrew Writing for Newsletter
 Other: _____

Dues range from \$275 to \$500 for an individual depending on ability. \$ _____
 Dues range from \$550 to \$1000 for a family depending on ability. \$ _____
 Additional donation for building repair. \$ _____
 Total enclosed * \$ _____

*Payments can be made by check, Paypal or Chase Quick Pay. Method of Payment: _____ Date: _____

Thank you for your generous support