

An Egalitarian Affiliate of the  
United Synagogue of Conservative Judaism

Shalom,

We thank you for your interest in Beth Tikvah of Naples. If you have visited Beth Tikvah for services or a special event, you have observed that we are a vital congregation of people who enjoy and benefit from sharing our commitment to our Jewish traditions. During this time of the Corona Virus pandemic, we welcome you to visit us virtually by going to [www.BethTikvahNaples.org](http://www.BethTikvahNaples.org).

Rabbi Chorny is the dedicated leader of our congregation and a wonderful teacher. He is always available to be of assistance to members in times of joy or sadness. We benefit greatly from his many years of experience in the Rabbinate. Rabbi Chorny is also skilled with internet technology and keeps our Beth Tikvah family connected at streamed services, Zoom classes, and many other types of Zoom events.

Our yearly calendar is crowded with lectures on a wide variety of topics, evenings of entertainment, Friday night Shabbat Dinners, Scholar in Residence weekends and our annual Naples Jewish Film Festival. In the foreseeable future our programming will continue virtually. When we may once again meet in person, we look forward to resuming our weekly Kiddush Luncheons, following our Saturday morning service, which have provided an opportunity for all of us to get to know each other.

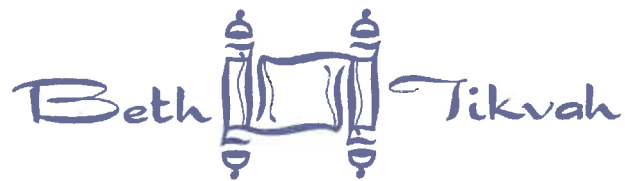
As a congregation we continue to be invigorated by those who choose to become part of the Beth Tikvah Family as members. Please look over the enclosed membership information and call me at 239 908 3166 if you have any questions or concerns.

With best regards,

A handwritten signature in blue ink that reads "Lee Henson".

Lee Henson

Chairperson of Membership Committee



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## BETH TIKVAH MEMBERSHIP CATEGORIES

### Membership dues

\_\_\_\_\_ **First Year Membership** - to any married couples and their dependent children, Single Parent, or Individuals, will be granted their first year membership **free**

\_\_\_\_\_ **Family Membership** - married couples and their dependent children, Jewish husbands and wives have all membership privileges and each are entitled to one vote. (Non-Jewish spouses may not be members)

\_\_\_\_\_ **Individual Membership** - a man or woman without dependent children. Each individual member is entitled to one vote.

\_\_\_\_\_ **Single Parent Membership** - a single parent and a dependent child or children. Only the parent is entitled to a vote.

All dues paying members receive High Holiday tickets at no charge if at least ½ of annual dues are paid by August 21st. Non-voting minor children in Family Membership also receive High Holiday tickets.

If you have any questions, do call me, Lee Henson, Membership Chair at 239-908-3166 or [lhenson13@gmail.com](mailto:lhenson13@gmail.com), or our President, Steve Chizzik at 201-454-5845 or [Chizz1@comcast.net](mailto:Chizz1@comcast.net).

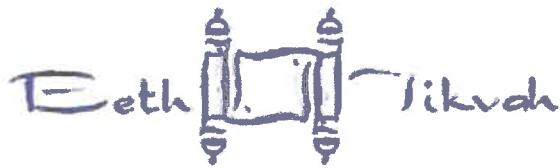
**Your Name(s)** \_\_\_\_\_

Payment Options: We accept credit cards, checks, and cash. Please call our office to make arrangements.

Beth Tikvah of Naples  
1459 Pine Ridge Road  
Naples, FL 34109

Website: [www.bethtikvahnaples.org](http://www.bethtikvahnaples.org)

Email: [office@bethtikvah.us](mailto:office@bethtikvah.us)



## MEMBERSHIP APPLICATION

1459 Pine Ridge Road, Naples, FL 34109

(239) 434-1818 or (239) 254-1486

### Adult One

Preferred Title  Mr.  Mrs.  Dr.  Ms.  Rabbi  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Hebrew Name \_\_\_\_\_  
Hebrew Name Father's Hebrew Name Mother's Hebrew Name  Cohen  
 Levi  
 Israel

Date of Birth \_\_\_\_\_ Familiar Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

### Adult Two

Preferred Title  Mr.  Mrs.  Dr.  Ms.  Rabbi  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Hebrew Name \_\_\_\_\_  
Hebrew Name Father's Hebrew Name Mother's Hebrew Name  Cohen  
 Levi  
 Israel

Date of Birth \_\_\_\_\_ Familiar Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

Wedding Date \_\_\_\_\_

### Address

Local \_\_\_\_\_  
Street Development/Condominium Name

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

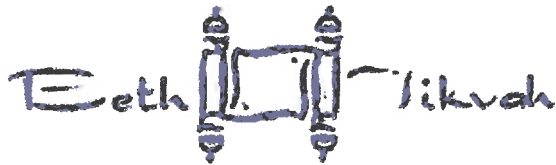
### Out of Area

Street \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Country \_\_\_\_\_

Period Out of Area \_\_\_\_\_ Through \_\_\_\_\_



**MEMBERSHIP APPLICATION (Continued)**

**\* Dependent Children**

English Name	Gender	Hebrew Name	Date of Birth	Date of BM	Grade Level	YM
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					

\* If requesting a Youth Membership, please check-mark in the last box on the right.

**Yabrtzeiten**

English Name	Hebrew Name	Relation to Member	English Date (Include Year)	Hebrew Date

The undersigned hereby applies/apply for membership in Beth Tikvah, subject to all the rules and regulations of the community, and agrees/agree to pay the applicable sums for annual dues and building fund pledge (if any) subject to approval by the Board of Trustees.

My/our dues commitment for the membership period \_\_\_\_\_ through June \_\_\_\_\_ is \$ \_\_\_\_\_ and a check in this amount is attached.

\_\_\_\_\_  
Signature (required) \_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Signature(s) if this application is for more than one person.

\*A special rate applies to those family members from age of Bar or Bat Mitzvah through 21 years of age who wish to be voting Youth Members.

Mail to:  
Membership Chair, Beth Tikvah of Naples, Inc.  
1459 Pine Ridge Rd. Naples FL 34109