



MEMBERSHIP APPLICATION 5772

Skylake Synagogue
 1850 NE 183rd Street
 North Miami Beach, FL 33179
 Tel: 305.945.8712
 E-mail: skylakes613@gmail.com

MEMBER INFORMATION			
First and Last Name:		Hebrew Name:	
Address:			
City:	State:	Zip Code:	
Phone:	Cell:	Work:	
Date of Birth:	Time (am/pm):	Email:	
SPOUSE INFORMATION			
First and Last Name:		Hebrew Name:	
Date of birth:	Time (am/pm):	Anniversary date:	
Home:	Cell:	E-mail Address:	
MEMBER'S PARENTS INFORMATION			
MOTHER		FATHER	
First and Last Name:		First and Last name:	
Hebrew name:		Hebrew Name:	
SPOUSE'S PARENTS INFORMATION			
MOTHER		FATHER	
First and Last Name:		First and Last name:	
Hebrew name:		Hebrew Name:	
CHILDREN INFORMATION			
NAME	HEBREW NAME	DATE OF BIRTH	TIME (AM/PM)
YAHRZEIT INFORMATION			
FIRST & LAST NAME	HEBREW NAME	RELATION	DATE & TIME (AM/PM)
	Ben/bat	<small>(Please indicate which spouse's relation)</small>	
	Ben/bat		
	Ben/bat		
	Ben/bat		
MEMBERSHIP CATEGORIES <small>(Please Select One)</small>			
Family Membership: \$900 (\$75 Monthly)		Silver Membership: \$1,800 (\$150 Monthly)	
Meah Membership: \$1,200 (\$100 Monthly)		Gold Membership: \$2,400 (\$200 Monthly)	
Single Membership: \$450 (\$37.50 Monthly)		Platinum Membership: \$3,600 (360 Monthly)	
PAYMENT INFORMATION <small>(Please Select One)</small>			
One full payment:	2 Payments: (September and February)	12 Payments: (September thru August)	
Check payable to Skylake Synagogue: (Mail check to: 1850 NE 183rd Street, North Miami Beach, FL 33179)			
Please charge my credit card No:		Exp:	
Signature		Date:	