Jewish Congregation of Venice
MEMBERSHIP FORM

	Member Information	Member Information
First, Middle, Last Name and title		
Local address		
Florida Community Name		
Other address if seasonal		
Email		
Emergency Information (who to contact and phone number)		
Primary phone		
Hebrew Name		
Father's Hebrew Name		
Mother's Hebrew Name		
Birthdate	____/___/___ Check if you do not want birthday shown to JCV membership ___	____/___/___ Check if you do not want birthday shown to JCV membership ___
Present or former occupation		
Anniversary	____/___/___	Check if you do not want anniversary shown to JCV membership ___

FAMILY[1] INFORMATION

Dependent children under 18*. First and last name, Hebrew Name	1
	2
	3

How did you hear about the Jewish Congregation of Venice? (Check all that apply)
_____Friends _____Family _____Internet search _____Jewish Federation News

Other_____

[1] *Children under 18 are included in family membership. Young adults between the ages of 18 and 25 receive free membership and should complete a separate application form.

YAHRZEITS

Deceased's Name	Mourner's Name	Relationship to Mourner	English Date of Death	Hebrew Observance

If addition yahrzeits need to be listed, please attach an additional sheet of paper with all information.

The JCV offers two levels of membership. Please check the one for which you are applying.

1. **Full Membership** entitles members to High Holy Days tickets.
   Annual dues are: (a) ____$800 per person or (b)___$1,600 per couple or family[1]
2. **Seasonal Membership** entitles members who are in Florida seven months or less to utilize all JCV services, **excluding** High Holy Days tickets.
   Annual dues are: (a) ___$500 per person or (b)___$1,000 per couple or family[1]

In addition to dues, all members must pay an annual $50($100/couple) security fee.

Payment: Membership is not active until the first payment is received.

Membership dues may be paid annually, semi-annually, monthly , or through special arrangement with the JCV Treasurer (treasurer@thejcv.org). A payment must be made by September 1 to receive High Holy Days tickets.

Mail or bring your check and membership form to: Jewish Congregation of Venice, 600 North Auburn Road, Venice, FL 34292. Please make the check payable to JCV and mark it "Membership." Or email your completed form to jcvenice2@thejcv.org. Payment(s) can be made online.[2]

___(initials) ___(initials I/We consent to receive by electronic mail at my/our electronic mail address(es) notice of General and Special Meetings of the JCV and all other notices required by Florida Statutes, the JCV Bylaws and the JCV Articles of Incorporation.

By signing this application I/we understand that dues are not refundable.

Print Name(s)	Signature	Date
1)		
2)		

The Jewish Congregation of Venice respects the privacy of your personal, financial, and membership information. For questions, contact membership@thejcv.org or call the JCV office at 941.484.2022

[2]**To pay online** please wait until an account is established. You will know this step is completed when you receive an email from ShulCloud, the JCV's synagogue management software.