

TEMPLE BETH SHALOM
19140 Lyons Road, Boca Raton, FL 33434
561-483-5557

APPLICATION FOR MEMBERSHIP

DATE: _____

PHONE: _____ **E-MAIL:** _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PERMANENT RESIDENT ____ **YES** ____ **NO**

SUMMER ADDRESS _____

PREVIOUS OCCUPATION _____

DATE OF BIRTH _____ **MALE** ____ **FEMALE** ____ **ANNIV.** _____

NAME & ADDRESS OF NEAREST RELATIVE

_____ **PHONE** _____

PLEASE CHECK ONE: KOHEN ____ **LEVI** ____ **YISROEL** _____

HEBREW NAME: MALE _____ **FEMALE** _____

_____ **MOTHER** **FATHER** **MOTHER** **FATHER**

DUES: STARTING SEPT. 1st THRU AUG. 31st...\$ 300.00 PP ANNUALLY

YAHREIT INFORMATION

NAME OF DECEASED & RELATIONSHIP _____

HEBREW NAME _____ **DATE OF DEATH** _____

NAME OF DECEASED & RELATIONSHIP _____

HEBREW NAME _____ **DATE OF DEATH** _____

SIGNATURE _____