

## Application for Temple Beth Shalom Affiliate Membership

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

Thank you for applying for Affiliate Membership in Temple Beth Shalom which will be reviewed by the Board of Trustees. We ask that you help us with expenses by paying annual dues of \$600 for a family affiliate membership or \$300 for an individual affiliate membership by sending completed form to Temple Beth Shalom, P.O. Box 9142, Hickory, NC 28603. Our membership year is from August 1<sup>st</sup> through July 31. Person with financial hardships may contact the President to arrange alternative options

We ask for the following information for our records. Please include parents and all children living at home. Also if one or more of your children are interested in Sunday school please check the box.

| Name | Hebrew Name  | Birth Date | Grade         | Sunday School? |
|------|--------------|------------|---------------|----------------|
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| Name | Relationship |            | Date of Death |                |
|      |              |            |               |                |
|      |              |            |               |                |
|      |              |            |               |                |

Yahrzeits

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_