

Application for Temple Beth Shalom Membership

Name: _____

Address: _____

Home Phone #: _____

Work Phone #: _____

Email: _____

Thank you for applying for Membership in Temple Beth Shalom which will be reviewed by the Board of Trustees. The membership year is from August 1 through July 31 and annual dues are \$600 for a family membership or \$300 for an individual membership. Completed forms and payment may be sent to Temple Beth Shalom, P.O. Box 9142, Hickory, NC 28603. If you would like to arrange a payment schedule or are having a financial hardship feel free to 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?
Name	Relationship	Date of Death		

Yahrzeits

Signature: _____ **Date:** _____