

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. We ask that you help us with expenses through paying annual dues of \$600 for a family affiliate membership or \$300 for an individual affiliate membership by contacting temple president Marsue Davidson, marsuedav@aol.com. Please note that affiliate members have limited voting privileges and ability to hold office as specified by the TBS constitution and by-laws. Send to Temple Beth Shalom, P.O. Box 9142, Hickory, NC 28603

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?

Yahrzeits

Name	Relationship	Date of Death

Signature: _____ **Date:** _____