

## Application for Temple Beth Shalom Membership

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

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

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

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

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

Thanks for applying for Membership in Temple Beth Shalom. We ask that you help us with expenses through paying annual dues of \$600 for a family membership or \$300 for an individual membership. If you would like to arrange a payment schedule or are having difficulty meeting your dues responsibility as a result of financial hardship feel free to contact the Temple President Marsue Davidson; marsuedav@aol.com. 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:** \_\_\_\_\_