

**BETH SHIR SHOLOM**

1827 California Avenue Santa Monica, CA 90403  
310-453-3361 FAX 310-453-6827

**TEMPLE MEMBERSHIP FORM (New and RENEWING Member Information)**

Please PRINT name(s) as you would like to be listed.

Adult # 1 \_\_\_\_\_

Adult # 2 \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Adult #1

Adult #2

Phone – Work ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Home ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

☆ **RENEWING MEMBERS:** check here if the following information is unchanged from last year's form

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Wk address \_\_\_\_\_ Wk address \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Birthday \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

(Parents Hebrew Names) \_\_\_\_\_

Wedding Anniversary \_\_\_\_\_, Year \_\_\_\_\_

Child(ren) Birthdate(s) Hebrew Name(s)

\_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_ Yr \_\_\_\_\_

Yahrzeits Name(s) Date(s) of Death Relationship To Whom

\_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_ Yr \_\_\_\_\_

Do you observe the English \_\_\_\_\_ or Hebrew \_\_\_\_\_ Yahrzeit dates?

**I/We wish to receive the newsletter (KOLEYNU) by e-mail only**

**Please check here if you are interested in learning about opportunities to Volunteer**

In order to serve the needs of individual members, please indicate if one or more members of your household are not Jewish. \_\_\_\_\_

Membership Rosters will be available by request to Beth Shir Sholom **Members only** from Temple Office. **Rosters are not intended for business solicitation purposes.** Check here if you do **not** want to be included in this listing \_\_\_\_\_