

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 _____