

MEMBERSHIP APPLICATION

TEMPLE BE EMET
P.O. BOX 371325
LAS VEGAS, NEVADA 89137-1325

NAME _____

NAME _____

ADDRESS _____

ZIP CODE _____ PHONE # _____

E-MAIL _____

FAMILY BIRTHDAYS: HIS _____

HERS _____

YAHREZEITS

NAME _____ RELATIONSHIP _____ DATE _____

NAME _____ RELATIONSHIP _____ DATE _____

NAME _____ RELATIONSHIP _____ DATE _____

NAME _____ RELATIONSHIP _____ DATE _____

If you are interested in working on any of the following Committees, please so indicate and the Chairperson will contact you:

MEMBERSHIP _____ TELEPHONE _____ TRIBUTES _____ ONEG SHABBAT _____

Would you like to: LIGHT THE SHABBAT CANDLES ___ RECITE THE MOTZI _____

I would like to reserve an Oneg Shabbat date as follows:

Date _____ Occasion _____

Please enclose this membership application together with your check for \$75.00 single membership, \$150.00 for a couple membership and \$200.00 for a family of three or more membership. Dues are based on a calendar year beginning January 1.