

TEMPLE BET EMET
P.O. BOX 371325
LAS VEGAS, NV 89137-1325
MEMBERSHIP APPLICATION

DATE _____

NAME(S) _____

ADDRESS _____

ZIP CODE _____ **PHONE #** _____

E-MAIL _____

BIRTHDAYS: HIS _____ **HERS** _____ **ANNIVERSARY** _____

Yahrzeits

NAME _____ **RELATIONSHIP** _____ **DATE** _____ **English**

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 \$50 for single membership or \$95 for couple membership and mail to the above address, attention Treasurer. Dues are based on a Calendar Year beginning January 1.