

Temple Beth Shalom

Polk County Reform Jewish Congregation

Membership Application

Please return the completed form to:

Membership Chairman

Temple Beth Shalom

P.O. Box 313

Winter Haven, FL 33882-0313

Last Name	First	Spouse
Street Address	City	State Zip
Phone	Fax	E-mail
Summer Address	City	State Zip
Phone	Fax	E-mail

Occupations and Interests

Name	Occupation	Place of Business	Special Interests
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Name	Occupation	Place of Business	Special Interests
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Family Dates

Anniversary	Name	Birthdate	
Name	Birthdate	Name	Birthdate
Name	Birthdate	Name	Birthdate
Name	Birthdate	Name	Birthdate

Yahrtzeits

Name	Relationship	Date	Name	Relationship	Date
Name	Relationship	Date	Name	Relationship	Date

Dues are payable within 90 days of the beginning of the new fiscal year.
If members cannot meet this criteria, please see the President and/or the treasurer. Financial arrangements are confidential.

Do you speak or read Hebrew?

yes no

Are you able to lead lay services?

yes no

Would you like to participate in our
Sunday School program?

yes no

Are you interested in youth group activities?

yes no

Indicate committees of interest to you:

- Adult Education
- Fund Raising
- Housekeeping
- Membership
- Publicity
- Social
- Religious Practices
- Sunshine
- Phoning
- Directory Ads

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