

**Temple Beth Shalom**  
 Polk County Reform Jewish Congregation

- Family Membership \$900
- Single Membership \$500

Today's Date: \_\_\_\_\_

**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

Family Dates			
Anniversary			
Name			
Name			
Name			
Name			

Yahrtzeits					
Name	Relationship	Date	Name	Relationship	Date
Name					
Name					

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
- Directorv Ads

## Temple Beth Shalom Membership Application

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