



Temple Beth Shalom
be inspired



MEMBERSHIP UPDATE DRIVE

Family/Household information

Person 1:

Circle one: Mr. Mrs. Miss Ms. Dr. Hon.

Last Name

First Name (Nickname)

Hebrew Name

Date of Birth

Cell Number, Person 1

E-mail, Person 1
SELECT

- Married
- Single
- Widowed
- Divorced
- Couple

Home Address Apt. #

City State Zip

Home Phone

Anniversary Date

PLEASE COMPLETE & SIGN THIS FORM IN ITS ENTIRETY

TO INSURE EFFECTIVE COMMUNICATIONS WITH OUR NEW MEMBER SYSTEM

Person 1

I approve of my email and cell # indicated above to be printed in the annual yearbook _____

INITIAL HERE

Person 2

I approve of my email and cell # indicated above to be printed in the annual yearbook _____

INITIAL HERE