

MEMBERSHIP APPLICATION

Membership is \$75 PER PERSON

(Please note membership criteria on next page)

Membership Information

Information as you would like it to appear in our Membership Directory

Name(s)		
Primary		
Secondary		
Local Address		
City	_ State	_ Zip
Phone #'s Home Work _		Cell
Primary Member Email	_	
Secondary Member Email		
Out of Town Address (if part time resident) _		
City	State	Zip
Phone #'s Home Work _		Cell
Indicate months you are usually in the Lowco		
A name badge is included in the price of r Name(s) as you would like them to appear of nametag is to be magnet-backed or pin-b Name	on nametag(s) backed for eac Backin	
Birthday(s)		
Name	Date _	
Name	Date _	· · · · · · · · · · · · · · · · · · ·
Name	Date _	
Name	Date	

Use English and /or Hebrew Date of Death
Date of Death
Date of Death

Mishkan T'Filah, the Prayer Book we use is available in two editions.

Shabbat Edition (1 ³/₄ lbs) for \$35.00

Complete Edition (2 ¾ lbs) for \$38.00

Neither edition includes the High Holidays

_____ Shabbat Edition @ \$35.00 = \$_____

_____ Complete Edition @ \$38.00 = \$_____

____Gates of Repentance is our High Holiday Prayer Book. It is available @ \$25.00 =\$_____

Please indicate quantity of each and include total with payment Of \$75.00 PER PERSON for membership

MEMBERSHIP REQUIREMENTS:

The Bylaws of Temple Oseh Shalom specify that its members be of Jewish faith or have a spouse or companion of the Jewish faith.

Signature

Please send your completed Membership Application and check for dues and prayerbooks to:

Temple Oseh Shalom PO Box 3935 Bluffton, SC 29910

If you have any questions, please call Sandy Shapiro 843-705-6000

We want to know more about our congregants' backgrounds. Please fill out a separate section for each prospective member.

Professional		
experience/title		
Special talents/skills		
Prior synagogue positions		
	VEC	
Do you read Hebrew?	YES	NO
Your Hebrew name Include		
your parent(s)' Hebrew names.		
How did you hear or learn		
about Temple Oseh		
Shalom?		
511010111:		

Committee Interests. Check all that apply.	
Membership	
Administration	
Fundraising	
Social Events	
Audio-Visual/ IT	
Ritual (planning and organizing our services)	
Newsletter	
Publicity	
Choir (singing during our services)	
Care/Bereavement	
"Backpack Buddies" (packing meals to send home with local students)	
"Family Promise" (providing meals for local homeless shelter)	
Adult Education (providing educational programs)	
Cemetery	
House (preparing sanctuary before & after religious services)	
Librarian/Historian (maintaining an archive of Temple activities)	
"Tikkun Olam" (setting up programs for local charities)	
Other	

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Professional experience/title Special talents/skills Prior synagogue positions Do you read Hebrew? YES NO Your Hebrew name *Include* your parent(s)' Hebrew names. How did you hear or learn about Temple Oseh Shalom?

Member #2 – Name

Committee Interests. Check all that apply.	
Membership	
Administration	
Fundraising	
Social Events	
Audio-Visual/ IT	
Ritual (planning and organizing our services)	
Newsletter	
Publicity	
Choir (singing during our services)	
Care/Bereavement	
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Other	