

## **MEMBERSHIP APPLICATION**

## PO Box 3935 Bluffton, SC 29910

www.templeosehshalom.org

Thank you for your interest in joining Temple Oseh Shalom! We look forward to your participation in our community and encourage you to explore the diverse opportunities for Jewish growth that Temple Oseh Shalom has to offer.

We ask that you complete this membership application and submit it with your membership commitment to the address above. All information in the application will be treated confidentially. Annual membership commitment is \$75/person.

Please contact Amy Friedman at 518-813-5970 or tosbluffton@gmail.com if you have any questions.

ADDRESS		DATE
CITY, STATE, ZIP		HOW DID YOU HEAR ABOUT TEMPLE OSEH SHALOM?
ADULT MEMBER A		ADULT MEMBER B (for Family Membership)
TITLE/FIRST NAME/LAST NAME/NICKNAME		TITLE/FIRST NAME/LAST NAME/NICKNAME
HEBREW NAME (IF ANY)		HEBREW NAME (IF ANY)
EMAIL		EMAIL
HOME PHONE/CELL PHONE		HOME PHONE/CELL PHONE
WORK PHONE		WORK PHONE
OCCUPATION (CURRENT OR PRIOR TO RETIREMENT)		OCCUPATION (CURRERNT OR PRIOR TO RETIREMENT)
BIRTH DATE	ANNIVERSARY DATE (IF MARRIED)	BIRTH DATE
YAHRZEITS O	F LOVED ONES (ENGLISH AND	D/OR HEBREW NAME)
NAME/DATE OF DEATH		NAME/DATE OF DEATH
NAME/DATE OF DEATH		NAME/DATE OF DEATH
NAME/DATE OF DEATH		NAME/DATE OF DEATH

## **NEW MEMBER INTERESTS**

Your participation makes your temple experience more meaningful and strengthens the congregation. Please select any areas of interest below.

ADULT MEMBER A	ADULT MEMBER B (for Family Membership)
O Adult Education	O Adult Education
O Administration	O Administration
O Care and Bereavement	O Care and Bereavement
O Choir	O Choir
O Social Events	O Social Events
O Brotherhood	O Brotherhood
O Communications and Marketing	O Communications and Marketing
O Finance	O Finance
O IT	O IT
O Outreach	O Outreach
O House (Preparing Sanctuary)	O House (Preparing Sanctuary)
O Membership	O Membership
O Music	O Music
O Ritual	O Ritual
Are there any skills, talents or hobbies you'd like to share?	Are there any skills, talents or hobbies you'd like to share?

## **ANNUAL MEMBERSHIP COMMITMENT**

Annual Membership Commitment \$75 per person per year Temple fiscal year is 6/1-5/31.

Please send your application and annual dues to:

Temple Oseh Shalom

PO Box 3935 Bluffton, SC 29910

\*We invite you to "Pay it Forward" by contributing an additional amount as a donation to Temple Oseh Shalom.