TEMPLE BETH KODESH

Phone: (561) 586 9428 Fax: (561) 588 1810 MEMBERSHIP APPLICATION **DUES:** \$500 PP (INCLUDES High Holiday Ticket)

Date: _ \$350 PP for Seasonal Membership

First

First

Mobile

Mobile

Do you have special interests or areas that you would like to be involved in?

I/We wish to join Temple Beth Kodesh and have enclosed a check for membership.

(We do prefer a check; however, you may call the office with your charge information)

Seasonal Members: Secondary Residence Address

Member #1 (PLEASE CIRCLE) Kohen Levi Israelite

Member #1 What is/was your profession

(Please Print)

Street Address

City/State/Zip Code

Member #1 Home Phone

Member #2 Home Phone

Member #1 Date of Birth

Children in Residence

City/State/Zip Code

Signature & Date

Emergency Contact Name

Member #1 Last Name

Member #2 Last Name

501 NE 26th Avenue, Boynton Beach, FL 33435

Middle

Middle

Email

Email

Member #2 Date of Birth

\$36 PP Security Fee \$18 Voluntary Donation for Kiddush Fund

Hebrew

Hebrew

Apt. #

Ages

Phone

Months at this address? (i.e. May to Oct)

Member #2 What is/was your profession

Member #2 Kohen Levi Israelite

Telephone Number

Signature & Date

Community Name

Wedding Anniversary

TEMPLE BETH KODESH

PLEASE NOTE: To receive Yahrzeit reminders, please fill out this form. Notices will be mailed to the address we have on file.

LIST OF YAHRZEIT REMINDERS

Yahrzeit Person's Name	Relationship	mm/dd/yyyy of Death evening or day	Hebrew Date
Optional: Please tell us	s about your hobbie	es, likes and interests:	
☐ I/We would like to	volunteer in the off	ice.	
☑ I/We read Hebrew.☑ I/We would like to l	laarn ta raad Habra	TAT	
		w. e to learn how to chant	a Haftorah
☐ I/We can lead a serv			a Haitolan.
☐ I/We would like to j		d help with our Gala, e	events, hospitality,
services, other.			