

TEMPLE BETH KODESH

501 NE 26th Avenue, Boynton Beach, FL 33435

Phone: (561) 586 9428 Fax: (561) 588 1810

MEMBERSHIP APPLICATION

Date: _____

DUES: \$500 PP (INCLUDES High Holiday Ticket)

\$350 PP for Seasonal Membership

\$36 PP Security Fee

\$18 Voluntary Donation for Kiddush Fund

(Please Print)

Member #1 Last Name	First	Middle	Hebrew
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Member #2 Last Name	First	Middle	Hebrew
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Street Address	Apt. #
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City/State/Zip Code	Community Name
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Member #1 Home Phone	Mobile	Email
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Member #2 Home Phone	Mobile	Email
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Member #1 Date of Birth	Member #2 Date of Birth	Wedding Anniversary
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Children in Residence	Ages
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Seasonal Members: Secondary Residence Address	Phone
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City/State/Zip Code	Months at this address? (i.e. May to Oct)
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Emergency Contact Name	Telephone Number
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Member #1 (PLEASE CIRCLE) Kohen Levi Israelite	Member #2 Kohen Levi Israelite
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Member #1 What is/was your profession	Member #2 What is/was your profession
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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)

Signature & Date	Signature & Date
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