



BROTHERHOOD OF TEMPLE BETH-EL MEMBERSHIP APPLICATION

Name: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____
Home Work Cell

Email: _____

Occupation: _____

Member of Temple Beth-El: Yes ___

Member of another Temple: _____

Yes, I am willing to help with the following activities:

Mitzvah Corps (usher/greeter) _____ Programs _____ Membership _____
Kitchen crew _____ Marketing _____ Fund Raising _____

Annual dues for Temple Beth-El members: \$18.00

Advanced payment for all Brotherhood breakfasts through June 2016: \$72.00

Total amount: \$

Payment may be made at a breakfast or paid by check mailed to the following address:

**Temple Beth-El Brotherhood
579 N. Nova Road
Ormond Beach, FL 32174**