

# MEMBERSHIP APPLICATION

TEMPLE BET EMET  
P.O. BOX 371325  
LAS VEGAS, NEVADA 89137-1325

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_ PHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

FAMILY BIRTHDAYS: HIS \_\_\_\_\_

HERS \_\_\_\_\_

ANNIVERSARY: \_\_\_\_\_

## YAHRZEITS

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

If you are interested in working on any of the following Committees, please so indicate and the Chairperson will contact you:

MEMBERSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ TRIBUTES \_\_\_\_\_ ONEG SHABBAT \_\_\_\_\_

Would you like to: LIGHT THE SHABBAT CANDLES \_\_\_ RECITE THE MOTZI \_\_\_\_\_

I would like to reserve an Oneg Shabbat date as follows:

Date \_\_\_\_\_ Occasion \_\_\_\_\_

Please enclose this membership application together with your check for \$75.00 single membership, \$150.00 for a couple membership and \$200.00 for a family of three or more membership. Dues are based on a calendar year beginning January 1.