

WOMEN of TEMPLE ISRAEL
7350 Lake Andrew Drive
Melbourne, FL 32940

MEMBERSHIP APPLICATION
(Please Print)

NAME:

ADDRESS:

CITY/ STATE: _____ **ZIP:**

PHONE: (Home) _____ **(Wk/Cell)**

"E"MAIL ADDRESS:

AFFILIATION: Temple Israel ____ Temple _____ Other

Please list the type of activity or program you would be interested in sponsoring?_____

What type of activity would you be able to help with?

Menorathon ____ **Fun & Games** ____ **Cooking** ____ **Fundraising** ____

Judaica Shop ____ **Membership** ____ **Oneg Shabbat** ____ **Web site**

Please list the type of programs you would like WTI to offer:

TRANSPORTATION: I need a ride: ____ I can provide a ride:

ONEG SHABBAT: I would like to sponsor an Oneg on: _____, 20__.

PLEASE SEND YOUR DUES TO THE ABOVE ADDRESS: PAYABLE TO WOMEN OF
TEMPLE ISRAEL

MEMBERSHIP is \$30.00 per year.
NEW TEMPLE ISRAEL MEMBER ONLY: 1st Year \$18.00
LIFE MEMBERSHIP: \$180.00

SIGNATURE: _____

DATE: _____

*We know how busy you are today. We understand that life keeps us
from seeing many of you as much as we, or you, would like to.*
REMEMBER when you pay your dues; you're still helping
the **WOMEN of TEMPLE ISRAEL** in our work for **JUDAISM** and for **OUR**
TEMPLE.
THANK YOU.