

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: _____, 200__.

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 Half Price \$15.00

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.*