

**MEMBERSHIP ENROLLMENT FORM**

Mr.  
Mrs.  
Please enroll Ms. \_\_\_\_\_

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Home Phone) (Cell Phone) (E-mail Address)

as a \_\_\_\_\_ member in Temple Shalom, Synagogue-Center.

Regular  
Out-Of-Town

For 2016-2017 as a \_\_\_\_\_ membership.

Family  
Individual

Children's names and ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_