

TEMPLE EMETH MEMBERSHIP APPLICATION

194 Grove Street, Chestnut Hill, MA 02467

617-469-9400

I hereby apply for membership in Temple Emeth, and I pledge to contribute annually, in advance, the dues determined by the Board of Directors and the Congregation.

I request ___ 2 seat - Sanctuary
___ 1 seat – Sanctuary
___ Sustaining Membership (no seat, no children in school)

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Mr. | <input type="checkbox"/> Miss |
| <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. |
| <input type="checkbox"/> Mr. & Mrs. | <input type="checkbox"/> Other |

Name _____

No. and Street _____

City _____ State _____ Zip _____

Telephone _____ Date of Birth _____ Jewish (y/n) _____

E-Mail _____

Occupation _____ Business Phone _____

Business Name _____

No. and Street _____

City _____ State _____ Zip _____

Spouse/ Partner _____

Telephone _____ Date of Birth _____ Jewish (y/n) _____

E-Mail _____

Occupation _____ Business Phone _____

Business Name _____

No. and Street _____

City _____ State _____ Zip _____

Wedding Anniversary _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Signature _____ **Date** _____