



CONGREGATION SHIRAT SHALOM

GENERAL MEMBERSHIP

ANNUAL DUES IS \$336.00 PER FAMILY
INCLUDES 2 ADULT HIGH HOLY DAY TICKETS

ADULT MEMBERS:

Last name: First: Title:

Hebrew name:

Last name: First: Title:

Hebrew name:

Children living at home: D.O.B. D.O.B.

Address:

City: State: Zip:

Phone: Mobile:

Email:

(If you are in a position to do so, please add to the membership dues with an additional donation)

PLEASE MAKE CHECK PAYABLE TO: CONGREGATION SHIRAT SHALOM
P. O. BOX 971142, BOCA RATON, FL 33497-1142

CHARGE MY: VISA MC DISCOVER IN THE AMOUNT OF \$

CARD # EXP. Date

SIGNATURE:

VOLUNTEER PREFERENCES: INDICATE M FOR MALE OR F FOR FEMALE

Read Hebrew Chant Haftarah Chant Torah Ushering

Social Activities Office Help Other

Your donation is 100% Tax Deductible

FL Registration #SC--12516

PHONE: 561.488.8079 WWW.SHIRATSHALOM.ORG EMAIL: SHIRATSHAL@AOL.COM