



2011-2012 Membership Form

Date: \_\_\_\_\_

Family (\$1000) or  Single (\$500)

	Last Name	First Name	Age	Birthday	Cell Phone #
Adult #1					
Adult #2					
					Grade (Last attended)
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Adult	Religious Background	Occupation	Company
1			
2			

Please list the names and dates of Yahrzeits you would like us to remember:

Name	Relation	Date

If you have any questions or would like to discuss alternate payment plans, please call Burt Schaffer, TSS treasurer or email [Treasurer@TempleShiratShalom.org](mailto:Treasurer@TempleShiratShalom.org).

Checks should be made out to: *Temple Shirat Shalom*.  
 Mail to: Temple Shirat Shalom  
 PMB #278  
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 Allentown, PA 18104