



2012-2013 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: _____

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 Jay Plotnick, TSS treasurer or email Treasurer@TempleShiratShalom.org.

Checks should be made out to: Temple Shirat Shalom.
 Mail to: Temple Shirat Shalom
 PMB #278
 3140 W. Tilghman St.
 Allentown, PA 18104