

Beth Shalom Temple Center  
P.O. Box 884, Green Valley, AZ 85622  
Tel. 520-648-6690

### MEMBERSHIP APPLICATION

The Beth Shalom Temple Center welcomes you to our congregation. Please complete this membership application with dues. Information provided will be used for the Temple newsletter and directory only. Please print legibly.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_

Anniversary Date \_\_\_\_\_

Local Residence \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_ Cell # \_\_\_\_\_

Months you may not be in Arizona \_\_\_\_\_

How did you learn about Beth Shalom? \_\_\_\_\_

Previous Affiliations \_\_\_\_\_

#### LOCAL EMERGENCY CONTACT INFORMATION

Who to Contact In Case of Emergency? \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Next of Kin \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Next of Kin \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Please complete and return **with dues payment** to:

P.O. Box 884, Green Valley, AZ 85622, Attention: Membership

**Dues enclosed: \_\_Yes \_\_No**

Signature \_\_\_\_\_ Date \_\_\_\_\_