



CONGREGATION SHIRAT SHALOM

GENERAL MEMBERSHIP

ANNUAL DUES FOR IS \$300.00 PER FAMILY

INCLUDES 2 ADULT HIGH HOLY DAY TICKETS

AT OLYMPIC HEIGHTS HIGH SCHOOL

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: \_\_\_\_\_

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 \_\_\_\_ Telephone Squad \_\_\_\_ Sisterhood \_\_\_\_ Other \_\_\_\_

Your donation is 100% Tax Deductible

FL Registration #SC--12516

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