MEMBERSHIP RENEWAL Temple Beth Elohim 2019 - 2020

Print and Return this form to:			
Temple Beth Elohim			
PO Box 571			
Georgetown, SC 29440			
Attn: Michele Bennett, Treasurer			
Make your check pa	yable to Temple Beth Elohim	and mail it no later than Se	eptember 1 st
Name			
	(Family-	\$450, Single-\$325, Associa	te-\$250 Family, \$180 Single)
Membership Catego	ory		
Dues \$			
Additional Donations:			
	General Fund	\$	
	Capital Improvement	\$	
Remember, we ask all members to host an Oneg, or co-host with a friend. Please select a date and one or two alternates. If you cannot host, you may make a donation to help defray the cost of items purchased to supplement Onegs. Choose from the dates below: 2019 - October 11 & 25 (Sukkot 13 th), November 8 & 22, December 13 & 27 (Chanukah 22-30)			
2020 - Janua	ry 10 & 24, February 14 & 28, N	larch 13 (Purim) & 27, April	10 & 24, (Passover 8-16), May 8
Oneg Date Choic	ces 1)	2)	3)
If you need to make any changes to your information (address, phone numbers, etc.), please add them to the back of this form.			
Do you have Yahrzeits deceased, date of dea	s to add? Please list them on ath and relationship	the reverse. Include name	e of the
Thank you for renewing your TBE Membership!			
Joy Membership Chair			

Updated 7//25/19