MEMBERSHIP RENEWAL Temple Beth Elohim 2018 - 2019

Print and Return this form to:		
Temple Beth Elohim PO Box 571 Georgetown, SC 29440 Attn: Michele Bennett, Treasurer		
Make your check payable to Temple E	3eth Elohim and mail it	no later than September 1 st .
Name		
Membership Category	(Family-\$450, Single	e-\$325, Associate-\$250 Family, \$180 Single)
Dues \$		
Additional Donations:		
General Fund Capital Improvem	\$ nent \$	
Total Dues and Donation(s) \$		
Remember, we ask all members to ho date and one or two alternates.	st an Oneg, or co-host	with a friend. Please select a
If you cannot host, you may make a d supplement Onegs. Choose from the	•	the cost of items purchased to
2018 –Sept. 28 (Sukkot), Octob 2019 - January 11 & 25, Februa		·
Oneg Date Choices 1)	2)	3)
If you need to make any changes to please add them to the back of this	•	ldress, phone numbers, etc.),
Do you have Yahrzeits to add? Ple deceased, date of death and relation		reverse. Include name of the
Thank you for renewing your TBE Me	mbership!	
Joy Membership Chair		