



A Blend of Faith and Friendship for Over 100 Years

MEMBERSHIP RENEWAL 2023-2024

Print and return this form to: Temple Beth Elohim
PO Box 571
Georgetown, SC 29442
Attn: Michele Bennett, Treasurer

NAME: _____

MEMBERSHIP CATEGORY - CHECK ONE

PLEASE NOTE: This amount reflects a 10% increase in all Membership Categories.

___ Family-\$635 ___ Associate Family-\$385 ___ Friends-\$45

___ Single-\$450 ___ Associate Single \$275

ADDITIONAL DONATIONS: (optional)

\$ _____ General Fund

\$ _____ Cemetery Fund

\$ _____ Dues

\$ _____ TOTAL

If you need to make changes to your information (address, phone numbers, etc.), please add them to the back of this form.

Do you have Yahrzeits to add? Please list them on the reverse. Include the name of the deceased, date of death and relationship.

Thank you for renewing your TBE Membership! We look forward to another year of sharing faith and friendship together!

Joy Birnbaum,
Membership Chair

Michele Bennett,
Treasurer

*Please make your check payable to Temple Beth Elohim and mail it no later than July 5, 2023.

*Dues may be paid on-line at www.templebethelohim.net