



TEMPLE OSEH SHALOM
BLUFFTON, SOUTH CAROLINA

MEMBERSHIP APPLICATION

Membership is **\$36.00 PER PERSON**

(Please note membership criteria on next page)

Membership Information

Information as you would like it to appear in our Membership Directory

Name(s) _____

Local Address _____

City _____ State _____ Zip _____

Phone #'s Home _____ Work _____ Cell _____

Her Email _____ His Email _____

Out of Town Address (if part time resident) _____

City _____ State _____ Zip _____

Phone #'s Home _____ Work _____ Cell _____

Her Email _____ His Email _____

Indicate months you are usually in the Lowcountry _____

A name badge is included in the price of membership

Name(s) as you would like them to appear on nametag(s) Also Indicate whether nametag is to be magnet-backed or pin-backed for each nametag ordered

Name _____ Backing _____

Name _____ Backing _____

Name _____ Backing _____

Name _____ Backing _____

Birthdays

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Name _____ Date _____

Anniversary

Name _____ Date _____

Yahrzeits of Loved Ones (list each)

Use English and /or Hebrew

Name _____	Date of Death _____
Name _____	Date of Death _____
Name _____	Date of Death _____
Name _____	Date of Death _____
Name _____	Date of Death _____
Name _____	Date of Death _____
Name _____	Date of Death _____
Name _____	Date of Death _____

Mishkan T’Filah, the Prayer Book we use is available in two editions.

Shabbat Edition (1 ¾ lbs) for \$35.00

Complete Edition (2 ¾ lbs) for \$38.00

Neither edition includes the High Holidays

_____ Shabbat Edition @ \$35.00 = \$_____

_____ Complete Edition @ \$38.00 = \$_____

_____ **Gates of Repentance** is our High Holiday Prayer Book. It is available @ \$25.00 = \$_____

Please indicate quantity of each and include total with payment
Of \$36.00 PER PERSON for membership

MEMBERSHIP REQUIREMENTS:

The Bylaws of Temple Oseh Shalom specify that its members be of Jewish faith or have a spouse or companion of the Jewish faith.

Signature

Please send your completed Membership Application and check for dues and prayerbooks to:

Temple Oseh Shalom
PO Box 3935
Bluffton, SC 29910

If you have any questions, please call
Rhoda Rubin 705-6000