



SHAAR SHALOM SYNAGOGUE

Online Form. To Be Completed on Computer for Ease

ENTER YOUR SYNAGOGUE NAME ON THE LINE ABOVE.

ENROLLMENT FORM FOR SHAAR SHALOM SYNAGOGUE MEMBERS

Date of enrolment _____

Members' First Names _____

Members' Family Name _____

Members' Address _____

Member's Telephone # _____

I (we) have enrolled as a member(s) of _____. By providing a letter which Shaar Shalom Synagogue has issued, this confirms I am a member in good standing and confirms whether I have participated as a Building Fund contributor or not.

It is understood that any commitments made between Shaar Shalom Synagogue and _____ in relation to my membership will apply only to my membership in _____ and are not transferable.

Signed (ONLY ONE MEMBER SIGNATURE IS NECESSARY)

(Signature of Member)

Date

Confirmed on behalf of _____
Name of Synagogue

Authorized signing officer

Date

Name: _____

Title: _____