



SHAAR SHALOM SYNAGOGUE

Online Form. To Be Completed on Computer for Ease

ENTER YOUR SYNAGOGUE'S NAME ON THE LINE ABOVE.

RE-ENROLLMENT FORM FOR SHAAR SHALOM MEMBERS

DATE OF RE-ENROLMENT _____

ORIGINAL DATE OF ENROLMENT _____

MEMBER'S NAMES _____

MEMBERS' LAST NAME: _____

MEMBER'S ADDRESS _____

MEMBER'S TELEPHONE # _____

I confirm that I am a current member (We confirm that we are current members) of _____ and that the information inserted above is true and accurate.

SIGNED

(SIGNATURE OF MEMBER)

DATE SIGNED

Confirmed on behalf of _____
SYNAGOGUE NAME

AUTHORIZED SIGNING OFFICER

NAME: _____

TITLE: _____