



BROTHERHOOD OF TEMPLE BETH EL

MEMBERSHIP FORM – JULY 1 to JUNE 30 PROGRAM YEAR

Name: _____

Address: _____

City, State Zip Code: _____

Phones: (H) _____ (W) _____ (C) _____

Email: _____

Dues Payment Information:

Please indicate the appropriate dues payment level:

- _____ Softball Team Membership \$27
- _____ Regular Membership \$54
- _____ Chai Membership \$72
- _____ Patron Membership \$90
- _____ Benefactor Membership \$100
- _____ Life Membership (new) \$1000
- _____ Life Membership (old) \$0

Please indicate your membership status:

- _____ I am renewing my membership
- _____ I am rejoining after an absence
- _____ I am a new member, joining for the first time

Enclosed is my voluntary contribution to Brotherhood of \$ _____ (amount)

TOTAL PAYMENT ENCLOSED \$ _____ (amount)



Please make check payable to **Brotherhood of Temple Beth El.**

Return with this form in an envelope and mail to:

The Brotherhood of Temple Beth El

7400 Telegraph Road, Bloomfield Hills, MI 48301