



T E M P L E  
**BETH EL**  
 BROTHERHOOD

**Brotherhood of Temple Beth El**  
**Membership Form – 2024-25 Fiscal Year**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

**Dues Payment Information:**

Please indicate the appropriate dues payment level:

- \_\_\_\_\_ 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**