

ACTORS TEMPLE

Congregation Ezrath Israel

2014-2015 Membership Form

Please Join Us or Renew at our Low Membership Rate! *

Renew online, by phone, or send completed form along with a check

for only \$180 per person, \$300 per family (children are free) to:

The Actors' Temple, P.O. Box 2620

New York, NY 10108

Name: _____

Spouse or Partner's Name: _____

Hebrew Names (if known): _____

Address: _____

Phones: _____

Emails: _____

Birthdates: _____

Professions: _____

Your Jewish Background/History: _____

Children's Names, Ages, and Birthdays: _____

Upcoming Lifecycle Events: _____

Interested in Volunteering? _____

Yahrzeits _____

Membership Fee (\$180 individual, \$300 family) \$ _____

Since our dues are so low we appreciate your **Additional Donation** \$ _____

Total Membership + Donation \$ _____

* Our membership year is Sept 1 to Aug 31, always starting just before the High Holy Days.

Please print, fill out, and fax to us at 212-586-3025, or mail to us at The Actors' Temple, PO Box 2620, New York, NY 10108.

Please pay with your credit/debit card online, or call or fax your card info to our office. Please **do not** send credit/debit card info by **e-mail**, and please **do not** put credit/debit card information onto this document! This is for your protection and ours.

If you are paying by check, please mail back to us at The Actors' Temple, PO Box 2620, New York, NY 10108.

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