



MEMBERSHIP APPLICATION

Please complete all information below. Please print clearly. Thank you.

Last Name _____ First Name _____ MI _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Birthday _____ E-mail _____ Occupation _____

Marital Status Single Married Divorced Widowed

Spouse's Name _____ Spouse's Birthday _____

Anniversary _____

TAE Brotherhood Annual Membership Dues are:

- FREE: 1st year waived for NEW Temple Adat Elohim members**
(FREE Membership applies to New TAE members after April 1st, 2009)
(Date joined TAE—___/___/___)
- \$36: Current Temple Adat Elohim members**
(Date joined TAE—___/___/___)
- \$36: Renewal for current Brotherhood members**
(Date joined Brotherhood—___/___/___)

Method of Payment

- Cash *(please enclose funds)* Check *(payable to TAE Brotherhood)*
 - Please bill my temple account *(signature required)*
- Signature _____

For more information please contact:

Steve Forman at (805) 807-1908 or brotherhood@adatelohim.com

Please send this completed application form to:

Temple Adat Elohm Brotherhood
ATTN: Membership
2420 E. Hillcrest Drive
Thousand Oaks, CA 91362

Optional Donation

- \$10 \$18
- \$25 \$36
- \$50 \$100
- \$180 _____