



Temple Israel Membership

511 Baytree Road
Valdosta, GA 31602

229-244-1813

Rabbi: moshe.elbaz@gmail.com

APPLICATION FOR MEMBERSHIP

Kohen ☐

Levite ☐

LAST NAME :

HOME
ADDRESS :

CITY/STATE/
ZIP :

FIRST & MIDDLE
NAME :

HEBREW NAME

BIRTHDATE :

OCCUPATION

Email :

Phone Number

Father's Name
English :

Father's Name
Hebrew

Mother's
English name :

Mother's Name
Hebrew

SPOUSE'S NAME

FIRST & MIDDLE
NAME :

HEBREW NAME

BIRTHDATE :

OCCUPATION

Email :

Phone Number

Father's Name
English :

Father's Name
Hebrew

Mother's
English name :

Mother's Name
Hebrew

Family Members

FIRST & MIDDLE
NAME :

HEBREW NAME

BIRTHDATE :

Grade/Age :

FIRST & MIDDLE
NAME :

HEBREW NAME

BIRTHDATE :

Grade/Age :

FIRST & MIDDLE
NAME :

HEBREW NAME

BIRTHDATE :

Grade/Age :

YARTZEIT DATES

FAMILY
MEMBER :

DECEASED
DATE

BEFORE SUNDOWN

☐

NAME
ENGLISH :

NAME
HEBREW :

FAMILY
MEMBER :

DECEASED
DATE

BEFORE SUNDOWN

☐

NAME
ENGLISH :

NAME
HEBREW :

FAMILY
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NAME
ENGLISH :

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HEBREW :



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Membership Fees

Please complete the form pages and mail along with a check to the address above. Checks can be made out to *Valdosta Hebrew Congregation* **OR** *Temple Israel* and indicate on the check that fees are for **Membership Dues OR Donations**.

Family Dues (annual)	\$1200
Single Dues (annual)	\$600
Senior Family (annual)	\$600
Senior Single	\$300
Building Fund (paid for first year's membership)	\$500
Donations	\$18 per name in Yizkor Book Any other amount chosen