

REGISTRATION FORM—2019/2020

			Birthday _				
Adult Name			Birthday	Month	Day Year		
Adult Name			<i>,</i> _	Month Phon	Day Year		
Address: Street & Number		Zip		111011			
Occupations	me						
D., Mana	me			Name			
Bus. Address						 	
Bus. Phone							
Cell Phone							
E-Mail Address:							
Names of Children under 21			<u>Birth</u>	<u>ıdays</u>			
				Month	Day	Year	
				Month	Day	Year	
Name and Community of Previous Congregat	ion			Month	Day	Year	
DUES CATEGORIES	Full Family (\$2 Couple 65 and 6 Single Over 65	Over (\$1,50	0.)	Family under Under 65 (\$1		0)	
	our Benefactors' Socie Structure pamphlet fo						
BUIILDING FUND C Please bill Building Fu	COMMITMENT (\$2,10 and: Annually	00. — To be _ Semi-Anr	e paid over a	ı <u>maximum</u> of Quarterly	6 years)		
Dues Payment (I	ues & first Building Fu Payable to Temple Em Tyment (Payable to Te	anuel)	` •	,	this registra \$		
Signature:			Da	ate:			
Mail registration to:	tration to: Temple Emanuel 7 Haggetts Pond Road Andover, MA 01810			Any questions can be answered by calling the Temple office at: 978-470-1356.			