



315 North 13th Street
 (Entrance on Center Street)
 Leesburg, FL 34748
 Phone 352-326-3692

MEMBERSHIP FORM

Yearly membership is from Sept 1-Aug 31
 Annual dues per adult = \$275 (no charge for children) Payment Plans Available
 Mail your check with the completed form to the above address.

Adult Name(S)	Email	Birthdate	Hebrew Name*

*If you would like to be called to the Torah for an Alliya, please provide your Hebrew name (including your father's name) For example, Tzeporah bat Menasha.

Child Name(S)	Grade in Secular School	Birthdate	Interest in Religious School Y/N

If you need more room continue on back

Address: _____ City _____ ZIP _____

Home Phone #: _____ Cell Phone # _____

Anniversary: _____

How did you hear about us? Daily Sun Ad _____ Daily Sun Story _____ Orlando Sentinel _____

Referred by _____ Other _____

Yahrzeits are read at the service closest to the observed date.

We will calculate the Hebrew Date. Please indicate if you want to observe the Hebrew (H) or English (E) date

Name of Deceased	Congregant Name	Relationship	Date of Passing including Year	Date Observed: H/E

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