



TEMPLE EMANU EL BROTHERHOOD MEMBERSHIP APPLICATION FORM

(Please print-out, complete, and mail the form as indicated below)

Name _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Email address: _____

Would you be able to assist the Brotherhood? If so, please check the box to indicate which committee you are interested in working on:

- Ritual
- Blood Drive
- Usher Corps
- Marketing
- Fund Raising
- Programming
- Membership
- Jewish Chautauqua Society
- Social Action

May we call you when we need help? If so, please check here _____

The Brotherhood holds its general meetings the third Tuesday of every month at 7:30 pm at the temple. We welcome your participation and support.

The cost of membership is \$35.00 per year.

Please mail your check payable to: Temple Emanu El Brotherhood

Please mail your completed application form and check to:

Temple Emanu El Brotherhood
2200 South Green Road
University Heights, Ohio 44121

B'Shalom

Joel Zaas
President
jhzaas@ameritech.net

Mitchell Cronig
Membership Chair
mcronig@avtron.com

Please return the attached form with your check payable to **Temple Emanu El Brotherhood**

New to Temple Emanu El? You are entitled to a year of Brotherhood membership benefits, dues-free