

THE ACTORS TEMPLE
Congregation Ezrath Israel
2010 Membership/Renewal Form

Please Join Us! Send completed form along with a check
for \$75 (individual) or \$150 (family) membership to:
The Actors Temple
PO Box 2620
New York, NY 10108

Name: _____

Hebrew Name (if possible): _____

Address: _____

Phone: _____

Email: _____

Birthdate: _____

Profession: _____

Your Jewish Background/History: _____

Spouse's Name and Birthday: _____

Children's Names, Ages and Birthdays: _____

Upcoming Lifecycle Events: _____

Important Dates (Anniversaries, Yahrzeits, etc.): _____
