

**THE ACTORS TEMPLE**  
**Congregation Ezrath Israel**  
**2009 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.): \_\_\_\_\_

\_\_\_\_\_