



## 2018-2019 Membership

Date: \_\_\_\_\_ ☐ Family 2+ people (\$1200) ☐ Single (\$600)

◀ WHEN COMPLETING THIS FORM PLEASE PRINT CLEARLY! ▶

◀ If you need more space, use the back of this form ▶

Adults	Last Name	First Name	Age	Birthdate	Cell Phone	Anniversary
1						
2						

Address:	
City/State/Zip:	
Primary Email:	
Home Phone:	

Children	Last Name	First Name	Age	Birthdate	Grade Last Attended
1					
2					
3					
4					
5					

Please list the names and dates of Yahrzeits you would like us to remember

Name	Relation	Date

If you have any questions or would like to discuss alternate payment plans, please contact Temple President Poppy Helgren, at [info@shiratshalomnv.org](mailto:info@shiratshalomnv.org) or call 702-987-1822

.Please make your membership check payable and mail to:

**Congregation Shirat Shalom**  
**10120 West Flamingo, Ste. 4-137 Las Vegas, Nevada 89147**