

Congregation Bene Shalom

4435 Oakton, Skokie, IL 60076

847/677-3330

congbeneshalom@gmail.com

MEMBERSHIP APPLICATION OR UPDATE (Print and mail)

Name _____

Hebrew Name (if known) _____ email _____

Spouse (if applicable) _____

Hebrew Name (if known) _____ email _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell phone(s) _____

Your Birth Date _____ Spouse Birth Date _____

Anniversary Date _____ Date of Membership Application _____

Children's names, living in your household (included in your family membership)

Name _____ Hebrew Name _____ Birth Date _____

Name _____ Hebrew Name _____ Birth Date _____

FAMILY YAHREZITS (to be read each year, and add to Yizkor Book of Remembrance? Add \$5 per name to membership or separately to be included)

Name _____ Relationship _____ Date of Passing _____

Name _____ Relationship _____ Date of Passing _____

Name _____ Relationship _____ Date of Passing _____

—
Name _____ Relationship _____ Date of Passing _____

(Use other side for additional names)

Type of Membership: Family/Couple _____ Single _____ Student _____ Out-of-Town _____

New Individual /Senior (Sr.) 1st year only - \$400

Individual Adult/Senior - \$850

Student - \$250

New Couple/Family/Srs. 1st year only - \$800

Couple/Family/Sr. - \$1,500

Out-of-town - \$650

**Go to website for
High Holiday Tickets
\$225 per person**

Membership \$ _____ (In full or min. \$200) + Book of Remembrance \$5/per name _____ + \$75 Security fee = TOTAL _____

Enclose a check or call the office Mondays/Wednesdays 10-2 to pay by credit card or leave a message anytime and we will return your call. Thank you!

In case of emergency, contact _____ Phone _____

I heard about the synagogue through _____