

# Temple Shaarei Shalom —What Are Your Interests

Your active participation in one or more of our many committees will make your membership more meaningful to you and your family. Tell us where your interests lie.

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(Member 1) Name (please print)			Phone Number
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Prime Timers	<input type="checkbox"/> Singles Group
<input type="checkbox"/> Brotherhood	<input type="checkbox"/> House	<input type="checkbox"/> P.T.O.	<input type="checkbox"/> Social Action
<input type="checkbox"/> Couples Club	<input type="checkbox"/> Library	<input type="checkbox"/> Publicity	<input type="checkbox"/> Women of
<input type="checkbox"/> Finance	<input type="checkbox"/> Membership	<input type="checkbox"/> Religious School	<input type="checkbox"/> Reform Judiasm
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Ritual	<input type="checkbox"/> Youth Group

Occasionally participating in one of our Services will also enhance your membership. Would you like to:

<input type="checkbox"/> Light Shabbat Candles	<input type="checkbox"/> Read an English Part	<input type="checkbox"/> Say the Torah Blessing
<input type="checkbox"/> Read the Kiddush	<input type="checkbox"/> Read a Hebrew Part	<input type="checkbox"/> Choir

Do you have areas of interest and/or skills that you would like to share?

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(Member 2) Name (please print)			Phone Number
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