

Temple Israel

MEN'S CLUB APPLICATION

50 S. Moss Road • Winter Springs, FL 32708-3002
407-647-3055 • Fax: 407-647-8542
E-MAIL: TempleIsrael@tiflorida.org

PLEASE PRINT

NAME: ☐ Dr. ☐ Mr. ☐ Other _____

(FIRST)

(LAST)

ADDRESS:

HOME PHONE:

HOME FAX:

OFFICE PHONE:

OFFICE FAX:

CELL PHONE:

E-MAIL ADDRESS:

AREAS OF INTEREST: *Check all that apply*

| | | | | | |
|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Talmud Torah | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis | <input type="checkbox"/> Football | <input type="checkbox"/> Running | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Fishing | <input type="checkbox"/> Theater | <input type="checkbox"/> The Arts | <input type="checkbox"/> Cards | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Boating | <input type="checkbox"/> Other _____ | | | |

Dues \$35.00

MAKE CHECKS PAYABLE TO:

Temple Israel Men's Club • 50 South Moss Road • Winter Springs, FL 32708

OR BY CREDIT CARD (Visa/MasterCard/American Express)

I authorize Temple Israel to charge my account \$ _____ Signature _____
Card # _____ Expiration Date _____