



Member Contact Info Update Form

Adult One

Title: Mr. Mrs. Ms. Miss Dr.

Name: _____

Hebrew Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Birthday: _____

Anniversary: _____

TBE shares congregant's info for use by other congregants.

I would like my cell phone listed in the TBE Directory

I would like my email address listed in the TBE Directory

Adult Two

Title: Mr. Mrs. Ms. Miss Dr.

Name: _____

Hebrew Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Birthday: _____

Anniversary: _____

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Any other information you want to share with us? (Yahrzeit listings, child's information, etc.)

Please return completed form to:

Temple Beth-El • 2179 Highland Avenue South • Birmingham, AL 35205
office@templebeth-el.net • 205.933.2747 (fax)