

Date: \_\_\_\_\_

### Congregation M'kor Hayim Membership Form

**Adult 1**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday (month/day): \_\_\_\_\_

**Adult 2**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: (month/day): \_\_\_\_\_

Anniversary (month/day/year): \_\_\_\_\_

*You may provide Yartzeit information on page 2*

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**Children**

Name: \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_

Name: \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_

Name: \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_

I / we would like to help out in the following areas: \_\_\_ membership; \_\_\_ finance;  
\_\_\_ social action; \_\_\_ oneg; \_\_\_ caring community; \_\_\_\_\_ other

Membership donation is \$550 per adult over 21 years old

I was previously a member of:  
(congregation name and city): \_\_\_\_\_

Please mail this form and your donation to:  
Congregation M'kor Hayim  
P.O. Box 31806  
Tucson, AZ 85751-1806

For more information or questions call (520) 904-1881.

**Yartzeit list**

Name of M'kor Hayim member: \_\_\_\_\_

Name of deceased: \_\_\_\_\_ date of death: \_\_\_\_\_ relationship: \_\_\_\_\_

Name of deceased: \_\_\_\_\_ date of death: \_\_\_\_\_ relationship: \_\_\_\_\_

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Name of M'kor Hayim member: \_\_\_\_\_

Name of deceased: \_\_\_\_\_ date of death: \_\_\_\_\_ relationship: \_\_\_\_\_

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Name of deceased: \_\_\_\_\_ date of death: \_\_\_\_\_ relationship: \_\_\_\_\_