

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): _____

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 \$600 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) 305-8208.