

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 \$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) 305-8208.