



## Tifereth Israel Sisterhood "Passport Unlimited" Program Registration Form

Please print clearly & complete one form for each card purchased~up to 2 names per card

Date: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

First/Last Name of Cardholder #1: \_\_\_\_\_

First/Last Name of Cardholder #2 (optional): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Ste \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\* Complete and mail with payment:  
\$55 for Sisterhood Members in Good Standing  
\$65 for Non-Members

\* Checks made payable to **Tifereth Israel Sisterhood**

\* Mail to:

**Tifereth Israel Synagogue  
Attn: Sisterhood~Passport Dining Card  
6660 Cowles Mountain Blvd.  
San Diego, CA 92119**

\* Questions? Please email TISSisters@gmail.com