



Membership Enrollment & Renewal

Please fill out the form below and return with your check (made payable to Sisterhood of Tifereth Israel). If you prefer to pay online, visit www.tiferethisrael.com/sisterhood.

Name: _____

Address: _____

Email: _____ Phone: _____

I would like to join/renew at the membership category checked below:

- \$36 **Leah** (Basic annual membership dues)
- \$100 **Rachel**
- \$250 **Rebecca**
- \$500 **Sarah**
- \$1,000 **Daughters of Israel**

Dues Amount included: _____

Additional Donation Amount: _____

Total Amount Enclosed: _____