



**Tifereth Israel Sisterhood Tikkun Olam Club
Membership & Registration Form**

Please print clearly & complete one form for each membership.

Date: _____ Amount enclosed: \$ _____

First & Last Name of Primary Adult Member

#1: _____

First & Last Name of 2nd Adult Member in family (optional):

#2: _____

Street Address:

_____ Apt./Ste _____

City: _____ Zip: _____ Ph: _____

Email Address (primary member): _____

As a Tikkun Olam Club member, I understand that I will receive as a benefit electronic invitations to participate in social action/community service projects and a discount dining card, good for 12 months.

Signature: _____ Date: _____

- * Complete and mail with annual dues payment:
\$75 for adults
\$56 for TIS Sisterhood members in good standing
- * Checks made payable to **TIS Sisterhood**
- * Mail to:

**Tifereth Israel Synagogue
Attn: Sisterhood~Tikkun Olam Club
6660 Cowles Mountain Blvd.
San Diego, CA 92119**

* Questions? Please email TISSisters@gmail.com