



**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 Member

#1 _____

First & Last Name of 2nd person on card (optional)

#2 _____

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. The discount dining card is good for 12 months from time of purchase.

Signature: _____ Date: _____

* Complete and mail with annual Tikkun Olam Club dues payment:
\$75 for Non-TIS Sisterhood members
\$45 for TIS Sisterhood members in good standing** Special now until
May 31 or while supply lasts.**

* 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