



2017-2018 Membership Form

Yes, I want to make a difference by joining the Women of Rodef Sholom!

Name _____

Address _____

Phone (H) _____ (W) _____ (C) _____

E-mail _____

(To save money and resources, we send your *WRS Newsletter* and event information by e-mail. You can opt out by checking the box . If you don't have email, we will mail you periodic updates.)

Membership Levels:

\$54 Sustaining

\$90 Mitzvah

\$180 Double Mitzvah

Support Opportunities:

\$54 "Friends" of WRS

WRS's giving priority is an annual contribution to Congregation Rodef Sholom to send our children to Jewish summer camps. I would like to contribute an additional \$_____ to this fund.

I am a **New Member** of the Women of Rodef Sholom

I have paid my Sisterhood membership with my Congregational dues. (Membership in Congregation Rodef Sholom is *not* required to join Women of Rodef Sholom.)

I am interested in volunteering in the following activities:

Gift Shop volunteer

Sisterhood retreat

REST (winter emergency shelter)

Women's Seder

Book Club

Other _____

Sisterhood Shabbat services

A one-time event

Greeter at events

Please **fill out** this application and return it with your payment to the address below.

**Make checks payable to: Women of Rodef Sholom
170 N. San Pedro Road, San Rafael, California 94903**



CONGREGATION
RODEF SHOLOM



WOMEN OF REFORM JUDAISM
stronger together

Any questions? Email us: wrs@rodefsholom.org