



Today's Date \_\_\_\_\_

## 2019 - 2020 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 Shabbat

☐ Sisterhood Retreat

☐ Fundraising

☐ Book Club

☐ Women's Seder

☐ Greeter at events

☐ A one-time event

☐ Other \_\_\_\_\_

Please **fill out** this application and return it with your check payable to the Women of Rodef Sholom to **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](mailto:wrs@rodefsholom.org)