



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:

<input type="checkbox"/> Gift Shop volunteer	<input type="checkbox"/> Sisterhood Shabbat	<input type="checkbox"/> Sisterhood Retreat
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Book Club	<input type="checkbox"/> Women's Seder
<input type="checkbox"/> Greeter at events	<input type="checkbox"/> A one-time event	<input type="checkbox"/> 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**



WOMEN OF REFORM JUDAISM  
stronger together

Any questions? Email us: [wrs@rodefsholom.org](mailto:wrs@rodefsholom.org)