



## Makom Ohr Shalom

### Membership Form

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First Name

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Last Name

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Street Address

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Address Line 2

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City

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State

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Zip Code

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Phone Number

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Cell Phone Number

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Email address

I'd like a single membership:  \$450.00 per year or  \$37.50 per month

I'd like a family membership including dependent children:  \$900 per year or  \$75.00 per month

High Holy Day tickets are included in your one-year membership.

Those who are able to support Makom at a higher level are encouraged to do so.

Please submit to us via email with your form filled out. Our email address is [makomohrshalominfo@gmail.com](mailto:makomohrshalominfo@gmail.com)

Fill in on line and submit with this button:



Or fill out and attach in an email to us.

After we receive your form, we will send you an invoice via PayPal. You do not need an account to use your credit card.