



Makom Ohr Shalom

Membership Form

First Name

Last Name

Street Address

Address Line 2

City

State

Zip Code

Phone Number

Cell Phone Number

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 download this form to your computer (right click-"save as") Then fill out the form and save it again, now it should be filled out and ready to be submitted. Now email it to makomohrshalominfo@gmail.com via your email program.

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