



MEMBERSHIP APPLICATION

Name (First, Last) _____

Email Address * _____

Telephone Cell _____

Landline _____

Mailing Address _____

Related Member? _____

How did you hear about Havurah? _____

Biographical information that you'd like to share? _____

WOULD YOU LIKE TO ...

- Be listed in our private member's-only directory? (Y/N)? [____]
- Receive bi-weekly email newsletters (Y/N)? [____]
- Receive Wednesday Supper Club notices? (Y/N)? [____]

You can opt- out of any of the above choices at any time.

MEMBERSHIP DUES BY DONATION:

- \$36 per-person, per year, due by November 15th each year or upon joining.
Use the PayPal donation link at <https://www.havurahofthedesert.org/donate>
Completed membership forms can be emailed to: membership@havurahofthedesert.org

Signature _____

Date Submitted _____

A California Nonprofit Religious Corporation – Registered 501(c)(3) Charitable Organization #83-3670493

Corporate Registered Mailing / Office Address:

2701 E. Mesquite Ave, Unit A5

Palm Springs, CA 92264

www.havurahofthedesert.org

membership@havurahofthedesert.org

(951) 350-4306 Voice/Text