ENROLLMENT AND RENEWAL FORM VALID ONLY JANUARY 1 – DECEMBER 31, 2016



HADASSAH MEMBERSHIP-DPC **40 WALL STREET PO BOX 1101 NEW YORK, NY 10268-1101** PHONE: 800-664-5646 FAX: 212-303-7468

D.4.T.E.			
DATE	- /	- 1	

WWW.HADASSAH.ORG/LIFE							
MEMBER/ASSOCIATE INFO	RMATION						
(CIRCLE ONE) MS./ MRS. /DR. /I	MR/RABBI		ID#	<u> </u>			
FIRST NAME / INITIAL / LAST NAME (PLEASE PRINT)						
STREET ADDRESS	APT. NO.	CITY	STATE ZIP				
()	@						
PREFERRED PHONE	EMAIL ADD	RESS (REQUIRED)	REGION/CHAPTER/GROUP NAME				
// DATE OF BIRTH (REQUIRED)	MAIDEN NAME	SPOUSE'S NAME	MEMBER'S OC	CUPATION			
MEMBERSHIP/ASSOCIATE (OPTIONS						
☐ \$212 LIFE MEMBERSHIP	☐ \$180 LIFE MEMBERSHIP F	FOR CURRENT ANNUAL MEMBE	ERS** \$212 ASSOCIATE E	NROLLMENT			
☐ \$212 CHILD LIFE MEMBE	RSHIP (TO AGE 17)	☐ \$212 CHILD ASSOCIATE (MAI	E TO AGE 17)				
			<u> </u>				
SELECT CERTIFICATE:	☐ CHILD LIFE MEMBERSHIP	□ BAT MITZVAH □ CHILL	ASSOCIATE BAR MITZVA	ιП			
S36 NEW ANNUAL (AGE 1	I7+) ☐ \$36 ANNUAL REN	IEWAL					
PAYMENT Payment plan option	on for credit cards only. No deducti	ons taken for previous payments.					
CHECK ENCLOSED (MAKE F	PAYABLE TO HADASSAH)						
CHARGE MY CREDIT CARD: MC VISA AMEX DISCOVER NAME AS IT APPEARS ON CARD							
□ 1 PAYMENT OF \$212 OR \$180 □ 6 MONTHLY PAYMENTS TOTALING \$212 OR \$180*							
		1					
CREDIT CARD NUMBER		EXPIRATION DATE	BY SIGNING THIS FORM, I AU CHARGE MY CREDIT CAF				
			NDABLE IF FULL PAYMENT OF LIFE MEM	BERSHIP DUES IS			
	FROM THE TIME OF THE FIRST PAYMEN' / VALID FOR CURRENT 2015 ANNUAL ME	,	ERSHIP PRIOR TO THE EXPIRATION OF TH	HEIR ANNUAL			
WEMBERSHIP IN 2016.							
GIFT INFORMATION							
F THIS IS A GIFT, GIVEN BY:	ST NAME / LAST NAME		EMAIL ADDRESS				
	or runner and runne		EIM/IE//BB/IEGG				
STREET ADDRESS	APT. NO.	CITY	STATE ZIP				
PLEASE CHECK BOXES OF AN	Y PROFESSIONAL GROUPS OR PRO	OGRAMS THAT INTEREST YOU					
☐ Zionism/Israel ☐ Attorneys' Council	☐ Advocacy ☐ Nurses' Council	☐ Health and Wellness ☐ Physicians' Council	☐ Medical Research☐ Planned Giving				
LI Allomeys Council	□ Nuises CouilCli	LI FITYSICIALIS COULICII	□ Flatilieu Givilig				
CHAPTER/GROUP CONTACT PE	ERSON	DAYTIME PHONE	EMAIL ADDRI	ESS			

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\$12.50 OF THE ANNUAL MEMBERSHIP DUES PAYMENT/A PORTION OF THE LIFE MEMBERSHIP/ASSOCIATE ENROLLMENT FEE IS ALLOCATED FOR A SUBSCRIPTION TO HADASSAH MAGAZINE. IN KEEPING WITH IRS REGULATIONS, MEMBERSHIP DUES/ENROLLMENT FEES ARE NOT CONSIDERED TO BE TAX-DEDUCTIBLE CONTRIBUTIONS.