



HADASSAH MEMBERSHIP-DPC
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PHONE: 800-664-5646 FAX: 212-303-7468

DATE ___/___/___

WWW.HADASSAH.ORG/LIFE

MEMBER/ASSOCIATE INFORMATION

(CIRCLE ONE) MS./MRS./DR./MR/RABBI ID # / / / / /

FIRST NAME / INITIAL / LAST NAME (PLEASE PRINT)

STREET ADDRESS APT. NO. CITY STATE ZIP

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PREFERRED PHONE EMAIL ADDRESS (REQUIRED) REGION/CHAPTER/GROUP NAME

/ / DATE OF BIRTH (REQUIRED) MAIDEN NAME SPOUSE'S NAME MEMBER'S OCCUPATION

MEMBERSHIP/ASSOCIATE OPTIONS

- Life membership options: \$212 Life, \$180 Life, \$212 Associate, \$212 Child, \$212 Child Associate, \$36 New Annual, \$36 Annual Renewal.
Certificate options: Child Life, Bat Mitzvah, Child Associate, Bar Mitzvah.

PAYMENT Payment plan option for credit cards only. No deductions taken for previous payments.

- Payment options: Check enclosed, Credit card (MC, VISA, AMEX, DISCOVER), 1 payment or 6 monthly payments.
Includes fields for credit card number and expiration date.

* LIFE MEMBERSHIP BEGINS UPON FULL PAYMENT. PAYMENTS MADE TOWARD LIFE MEMBERSHIP ARE NOT REFUNDABLE.. IF FULL PAYMENT OF LIFE MEMBERSHIP DUES IS NOT RECEIVED WITHIN ONE YEAR FROM THE TIME OF THE FIRST PAYMENT, MEMBERSHIP EXPIRES.
**THE LIFE MEMBER OFFER IS ONLY VALID FOR CURRENT 2015 ANNUAL MEMBERS WHO UPGRADE TO LIFE MEMBERSHIP PRIOR TO THE EXPIRATION OF THEIR ANNUAL MEMBERSHIP IN 2016.

GIFT INFORMATION

IF THIS IS A GIFT, GIVEN BY: FIRST NAME / LAST NAME EMAIL ADDRESS

STREET ADDRESS APT. NO. CITY STATE ZIP

PLEASE CHECK BOXES OF ANY PROFESSIONAL GROUPS OR PROGRAMS THAT INTEREST YOU

- Professional groups: Zionism/Israel, Advocacy, Health and Wellness, Medical Research, Attorneys' Council, Nurses' Council, Physicians' Council, Planned Giving.

CHAPTER/GROUP CONTACT PERSON DAYTIME PHONE EMAIL ADDRESS

\$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.
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