

MERCAZ USA Membership Form

Please fill out the information below.

Paying by check? Please fill in the appropriate spaces and print out this page, then mail or fax to us.

Full Name _____

Spouse's Name _____

Permanent Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Congregation _____

City, State, Zip _____

Please enroll me as a member and charge my membership dues to my :

Visa MasterCard Amex

Card #: _____

Expires (mo., yr.): _____

Please enroll me as a member. I am enclosing a check for membership dues with this form.

Select membership category:

\$54 Family \$100 Sponsor

\$36 Individual \$250 Donor

\$12 Student \$500 Benefactor

All members receive 4 issues of the MERCAZ newsletter.

Your membership dues and contributions are tax-deductible to the full extent permitted by law.

MERCAZ USA

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