**PHOENIX HOLOCAUST SURVIVORS’ ASSOCIATION**

**PO BOX 30213, PHOENIX, ARIZONA 85046**

**(602) 788-7003**

**MEMBERSHIP FORM AND ANNUAL DUES 2014-2015**

**FIRST MEMBERSHIP**

Name: Rabbi \_\_Cantor \_\_Mr. \_\_Ms. \_\_Mrs. \_\_Dr.\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survivor: Yes \_\_\_\_\_\_\_ 2nd Generation \_\_\_\_\_\_\_ 3rd Generation \_\_\_\_\_\_\_ Member \_\_\_\_\_\_\_

Camp(s): if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native Country (if not U.S.A.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interested in being a Holocaust speaker: Yes \_\_\_\_\_ No \_\_\_\_\_

**SPOUSE MEMBERSHIP**

Spouse’s Name: Rabbi \_\_Cantor \_\_\_ Mrs. \_\_Mr. \_\_Ms. \_\_Dr.\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Birthdate: Month \_\_\_\_\_\_\_\_\_\_\_\_\_Day \_\_\_\_\_\_\_\_\_

Wedding Anniversary Date: Month \_\_\_\_\_\_\_\_\_\_\_\_\_Day \_\_\_\_\_\_\_\_\_

Survivor: Yes \_\_\_\_\_\_\_ 2nd Generation \_\_\_\_\_\_\_ 3rd Generation \_\_\_\_\_\_\_ Member \_\_\_\_\_\_\_

Camp(s): if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native Country (if not U.S.A.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Interested in being a Holocaust speaker: Yes \_\_\_\_\_ No \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES:**

**SURVIVOR NON-SURVIVOR**

**Single Membership FREE $25.00 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Married Membership FREE (both survivors) $50.00 (both non-survivors) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FREE (one survivor) $25.00 (one non-survivor) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Voluntary Contributions: ($18.00, $36.00, $72.00, other amount) Contribution: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**