



HAVURAH MEMBERSHIP FORM

Renewal

New Member

Date _____

MEMBER 1

NAME _____

ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

SCA-HOA# _____

BIRTHDAY (MONTH AND DAY) _____

MEMBER 2 (Address must be the same)

NAME _____

CELL PHONE _____

EMAIL ADDRESS _____

SCA-HOA# _____

BIRTHDAY (MONTH AND DAY) _____

ANNIVERSARY (MONTH AND DAY) _____

Dues are \$15 per member

Total Enclosed _____

Please make checks payable to SCA Havurah