



Membership Form

Join JOFA and have an opportunity to be part of a community striving to expand meaningful participation for women in Jewish life. As a valued member, you will receive:

- Our JOFA Journal 4 times annually
- *Vehigadet Levitekh*: divrei Torah by female scholars related to the holidays
- E-mails with information on relevant programs, upcoming events and more _____
- Discounts at selected JOFA events and programs

YES! I want to support JOFA's work in expanding the spiritual, ritual, intellectual and political opportunities for Orthodox women within the framework of *halakha*.

Enclosed is my gift:

- \$1,800 \$1,000 \$500 \$360 \$100 \$36 Other \$
 \$36 or more includes Annual Membership \$360 or more includes Life Membership

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Country _____ E-mail _____

Check enclosed made payable to JOFA

Please charge my

- MasterCard Visa American Express

Card # _____ Expiration Date _____ Signature _____