

Member Name

| | City/State/Zip: | |
|--|--|------------------------------------|
| E-mail address: | Home Phone: | Cell Phone: |
| What is the best way and best time to | contact you? | |
| Would you like to volunteer for any o | f Sisterhood's activities, committees o | r holiday planning? |
| Please give us your thoughts or sugge | estions about Sisterhood activities or p | programs: |
| Please check the membership leve | l at which you are joining: | |
| <i>Matriarch</i> Sustaining Memb | , , , | |
| Your extra funds offset and sponsor High Ho | | rhood programs throughout the year |
| Kavod Supporting Member | | 1 6 6 5 |
| These membership dues help offer Sisterhood | | |
| Chai Supporting Member - | | |
| Your extra funds help sponsor and offset cost | | and religious school. |
| L'Dor V'Dor Supporting Me | mber – \$45 | |
| The base Sisterhood annual membership. | | |
| Associate Member – \$36 | | |
| $The \ level \ of \ membership \ encouraged \ for \ men$ | | |
| | | |
| Octogenarian Member - \$23 | | |
| A reduced dues level which pays for individu | | ion (WRJ). |
| | al membership to our international organizat | |

or bring to the temple office during regular office hours at your earliest convenience.

Kindly make checks payable to: **Sisterhood.**

For questions or additional information, please e-mail: Paula Kaye, <u>okpkaye@verizon.net</u> or Barbara Smith, <u>smithcenter6@gmail.com</u>

Thank you for supporting Sisterhood Congregation Emanu El and, by affiliation, The Women of Reform Judaism (WRJ)!