

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)!