

Temple Beth David Sisterhood 2009-2010 Membership Form

Name: _____

Email: _____

Address: _____

Home Phone: _____ Work Phone: _____

Please fill in the appropriate amount for Sisterhood dues:

- | | |
|---|---------|
| <input type="checkbox"/> Enclosing check for \$36 for dues | _____ |
| <input type="checkbox"/> As a senior citizen, enclosing check for \$25 for dues | _____ |
| Plus WRJ dues | \$10.00 |
| TOTAL | _____ |

Please check all that apply:

- I need transportation to Sisterhood functions
- I am a new Sisterhood member
- I need transportation to Sisterhood functions

Please mail this form with check payable to *Temple Beth David Sisterhood* to:

Jill Landy • 18 Gary Drive • Medfield, MA 02052

Volunteer opportunities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Winter Bazaar | <input type="checkbox"/> Sisterhood Play |
| <input type="checkbox"/> Sisterhood Shabbat | <input type="checkbox"/> Sisterhood Board | <input type="checkbox"/> College Holiday Gifts |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Yom Kippur Break Fast | <input type="checkbox"/> Cookbook |
| <input type="checkbox"/> Judaica Shop | <input type="checkbox"/> Publicity Committee | <input type="checkbox"/> Kiddush Cup Presenter |

If you have any questions regarding Sisterhood, please contact Jill Landy at 508-359-1905 or Kerri Cooper at 508-541-8633.

If you know of anyone who might be interested in joining Sisterhood, please include their name and contact information below. They do not need to be Temple members.



