

Congregation Shaarey Zedek Sisterhood

Membership Application

Please press the print button once you've completed the form.

Name _____

Phone _____

Address _____

E-mail _____

Membership Dues: \$40.00

Donor: \$ _____

Total \$ _____

~ Your dues include membership in Women of Reform Judaism
and
WRJ Central District~

My Interests Include:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Social Action | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Mah Jongg |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Baking | |

Please mail with check to:

Congregation Shaarey Zedek Sisterhood
1924 Coolidge Road
East Lansing, MI 48823