



Sisterhood Annual Membership Form

June 1, 2018 – May 31, 2019

Name _____

Make any name and address changes below

	Winter Address	Summer Address

Home Phone # _____

E-mail Address _____

Cell # _____

Can we text you? Yes

Sisterhood Directory List my home phone # List my e-mail Address List my cell #

Annual Sisterhood Membership Fee

Enclose check \$45 \$60 \$75 \$90

*Donations are tax deductible.
Thank you for your support!*

Check payable to: Sisterhood Cape Cod Synagogue

Mail check to: Susan Feinberg, 62 Trotting Park Rd, West Dennis, MA 02670

“One and Done”

Volunteer for **ONE** event, project or task and we won't ask you again
You are **One & Done** for the year! *Only works if enough women volunteer*

The following committees or tasks interest me...

- | | | |
|--|--|---|
| <input type="checkbox"/> Sisterhood Leadership Team | <input type="checkbox"/> One-Time Only Event | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Spiritual / Educational Program | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Donor Dinner Program |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Social Action Day | <input type="checkbox"/> Make phone calls |
| <input type="checkbox"/> Paid Up-Membership Dinner | <input type="checkbox"/> Set Up or Clean Up | <input type="checkbox"/> Event Planning |

Tell us about yourself ...

Occupation or Special Skills – Hobbies – Interests? _____

Suggested Sisterhood program for the coming year? _____

Check those you are interested in: Beginner Hebrew Adult Bat Mitzvah class

Women's Torah Study Rosh Chodesh Group Sisterhood Shabbat

We appreciate your support and look forward to another great year!

Any questions or comments contact
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