

Sisterhood Membership Dues Statement for July 1, 2017 – June 30, 2018

Mrs. Ms. Dr. Rabbi

Last name	First name
<hr/>	
Home address	Home phone
<hr/>	
E-mail address	Cell phone

PLEASE CHECK ALL OF YOUR AREAS OF INTEREST. WE WELCOME YOUR HELP.

<input type="checkbox"/> Book Fair <input type="checkbox"/> Children's Luncheon <input type="checkbox"/> Community Outreach <input type="checkbox"/> Cooking & Food Preparation <input type="checkbox"/> Fashion Show <input type="checkbox"/> Israeli Dance <input type="checkbox"/> Mah Jongg <input type="checkbox"/> Meeting Greeter/Hospitality <input type="checkbox"/> Mishloach Manot Project <input type="checkbox"/> Neshama / Installation Dinner	<input type="checkbox"/> Paid-Up Membership Supper <input type="checkbox"/> Program Planning <input type="checkbox"/> Rummage Collection <input type="checkbox"/> Telephone Chain <input type="checkbox"/> Trip Planning <input type="checkbox"/> Women's Seder <input type="checkbox"/> Other areas of interest Please list _____ _____
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I have enclosed a check for **\$36 (\$40 for non-temple members)** for 2017-2018 membership dues.

**Please send your check, payable to "HPCT –CAE Sisterhood,"
along with this statement, in the enclosed envelope.**

Thank you for supporting Sisterhood!

*Membership Committee: Risa Waters – risawaters18@gmail.com (732) 609-1964
Helene Davis – mazel11@outlook.com (908) 757-3674*