

Congregation Beth Israel Sisterhood

2019 - 2020 Membership Form

Name: _____ New Member Renewing Member

Address: _____ City: _____ Zip: _____

Telephone: (H): _____ (C): _____ (W): _____

E-mail: _____ I prefer electronic correspondence

Age Group: 20s & 30s 40s & 50s 60s & up Birthday Month _____

Sisterhood dues are tax deductible. Annual membership funds do not cover all of our programs and expenses. Please consider making your membership commitment at a higher level. **Even if you are unable to participate in Sisterhood's events and programs at this time, we greatly appreciate your financial support.**

\$118+ \$72 \$54 Honorary Senior Membership (75+ years)
Donations are greatly appreciated

I would like to give the gift of a Sisterhood membership to a family member or friend:

\$118+ \$72 \$54

Name of the recipient: _____

Recipient's address: _____ City: _____ Zip: _____

Recipient's phone number: _____ E-mail: _____

Please return your form with check payable to Congregation Beth Israel Sisterhood.

Mail to: Congregation Beth Israel Sisterhood
5600 N Braeswood Blvd
Houston, Texas 77096

Credit card payment: Visa Mastercard Amex

Card number: _____ Expiration date: ____ / _____

Name on card: _____ CVC: _____

Please check all that interest you:

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Working in the Judaica Shop | <input type="checkbox"/> Working with Publicity and Communication |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Baking/cooking |
| <input type="checkbox"/> Assisting with Technology (computerskills) | <input type="checkbox"/> Working on a program or event |

Helping with religious school and youth events

Mah Jongg

Volunteering when needed (phone calls, mailings, set-up...)

Expertise/Background in: _____

Thank you for taking the time to complete this form. We look forward to seeing you soon!