



TEMPLE SHALOM SISTERHOOD



6930 Alpha Road / Dallas, Texas 75240 / 972-661-1810 / FAX 972-661-2636

Sisterhood 2019-20 MEMBERSHIP STATEMENT

Together we can make a difference!

NEW Sisterhood Member Yes No Member of Temple Shalom Yes No

Name: _____

Address: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Birth Month (Birthdays will be recognized in the eSchmooze if listed): _____

Little Sisters (Daughters 18 yrs old or younger) _____

Membership Benefits (June 2019 till May 2020):

- ✓ *Be a part of a community of wonderful women*
- ✓ *You have the opportunity to impact the Temple and the community in positive ways*
- ✓ *Memberships of \$100 or more will receive a 10% discount at Traditions on regularly priced merchandise*

Select a Membership Level: (Five levels of membership/choose one)

<input type="checkbox"/> (\$50) Sarah	<input type="checkbox"/> # Little Sisters @ \$10 each	\$ <input type="text"/>
<input type="checkbox"/> (\$75) Rebecca	<input type="checkbox"/> # Little Sisters @ \$10 each	\$ <input type="text"/>
<input type="checkbox"/> (\$100) Rachel (Mitzvah Membership incl. Little Sisters)		\$ <input type="text"/>
<input type="checkbox"/> (\$180) Leah (Mitzvah Membership incl. Little Sisters)		\$ <input type="text"/>
<input type="checkbox"/> (\$360) Esther (Mitzvah Membership incl. Little Sisters)		\$ <input type="text"/>

Gift Membership Info:

Name/email: _____ Temple Member Yes No

PLEASE CHECK AREAS OF INTEREST FOR VOLUNTEERING:

<input type="checkbox"/> Would like to be on a committee(s): Community Service, Fundraising, Membership, Social Events, Social Justice. Please circle your choices.	
<input type="checkbox"/> Traditions Gift Shop	<input type="checkbox"/> Friday night Oneg Set Up
<input type="checkbox"/> Baking for special events	<input type="checkbox"/> Special Skills/Expertise (list): _____
<input type="checkbox"/> Willing to host an event in your home	Please call me to discuss opportunities _____

Pay by check: Make checks payable to Temple Shalom Sisterhood. Total Enclosed \$ _____

Pay by MC or VISA: Account number _____ Exp date _____ CVV _____

PLEASE RETURN YOUR MEMBERSHIP FORM WITH PAYMENT TO:

Temple Shalom Sisterhood • Attention: Membership • 6930 Alpha Road, Dallas, TX 75240

Contacts: Membership VP, Ilene Zidow, ilene.zidow@gmail.com or 972-523-6231
Sisterhood Treasurer, Dawn Kaufman, dawnkaufman57@gmail.com or 214-738-2535