



Shomrei Torah Synagogue Sisterhood Membership Application 2009-2010

Name: _____

To help the environment are you interested in receiving all documentation from Sisterhood by e-mail and phone only? _____

Are you renewing your membership from last year? _____ If yes, and nothing has changed since last year, please mark here : _____ and you may skip the remaining application.

New and Continuing members with information changes, please complete below:

Address: _____ City: _____ Zip Code: _____

Home Phone: (____) _____ Work phone: (____) _____ Fax: (____) _____

Cell phone: (____) _____ Email address: _____

Are you a member of Shomrei Torah Synagogue? ____ Yes ____ No

Marital status: ____ Married ____ Single ____ Widowed

If married, Spouse's Name: _____ Your Birthday: _____ Anniversary: _____

Do you have children? Yes ____ No ____ Ages: _____

Grandchildren? Yes ____ No ____ Ages: _____

What is the most convenient time for you to attend a Sisterhood Meeting or Event?:

Weekday mornings _____ Weekday evenings _____

Sunday mornings _____ Sunday evenings _____

Occupation/ Profession _____ Are you currently working? _____

Full time: ____ Part time: ____

Special interests, hobbies or special skills: _____

Do you know of any women we may contact that might have interest in joining Sisterhood?

Please indicate any special needs that you have, in order to participate in Sisterhood activities: ie: wheel chair access? Night time driving? etc. _____

I would like to participate or have interest in the following: Please mark as many as you like.

Boutique/Luncheons ____ Judaica Gift Shop ____ Kiddush/ Oneg Shabbat set-up ____

Program Committee ____ Phone Committee ____ Zahavah Program * ____

Social Action ____ Fundraising Committee ____ Scrapbook events ____

Torah Fund ** ____ Tribute Card Committee*** ____

Bereavement Committee # ____ Other _____

**Sub-group of Sisterhood, designed to meet the needs of our younger members, or members with younger children.*

*** Special program to raise funds for educating Rabbis and Jewish teachers.*

**** Acknowledgements sent for special occasions, birthdays, anniversaries, etc.*

Prepare food for bereaved families

Please enclose membership application and check, payable to STS Sisterhood for:
\$36 STS member \$40 Non-STS member

Shomrei Torah Sisterhood 7353 Valley Circle Blvd. West Hills, CA 91304

Questions Call: Joanne Block VP Membership (818) 704-0274 or
e-mail Joanneb66@aol.com