



Emanuel Synagogue Sisterhood New Member Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

Prefer to be contacted by Mail, Phone or Email? _____

WHAT ARE YOUR INTERESTS? _____

DO YOU HAVE A TALENT/SKILL /HOBBY YOU WOULD LIKE TO SHARE?

IF YES, PLEASE LIST? _____

REFERRED BY: _____

MEMBERSHIP DUES: \$42* PER YEAR.

*(*Includes dues for Women's League for Conservative Judaism)*

PLEASE MAIL COMPLETED FORM TO:

The Emanuel Synagogue Sisterhood (Membership)

160 Mohegan Dr. West Hartford, CT 06117



Visit us on the Emanuel Synagogue Sisterhood Facebook page:

<https://www.facebook.com/groups/822214601208690/?ref=bookmarks>