



Sisterhood

Membership Application

Name: _____

Address: _____

Phones: (H) _____ (C) _____

E-mail: _____

Best way to contact you: () home phone () cell () e-mail

Interest Survey — please circle all that apply!

Leadership

Social Action

Women's Health

Social Events

Israel

Music

Art

Judaism and the Woman's Perspective

Other _____

The best time for me to attend meetings is:

_____ Morning _____ Early Afternoon _____ Evening _____ Sunday Morning

_____ Other (please specify)

If child care were available, it would make a difference in my participation: _____ Yes _____ No

Annual dues: \$36

Please make check payable to:

CBA Sisterhood
P.O. Box 915756
Longwood, FL 32791-5756