



MBHC SISTERHOOD MEMBERSHIP APPLICATION



I am interested in joining the MBHC Sisterhood

NAME: _____ **SPOUSE:** _____

CHILDREN'S NAMES & DOB: _____

ADDRESS: _____

PHONE: _____

CELL: _____

EMAIL: _____

I WOULD BE MORE LIKELY TO ATTEND SISTERHOOD MEETINGS:

- Sunday mornings--Yes or No
- Saturdays after religious school--Yes or No
- Another time? _____

I WOULD BE INTERESTED IN HELPING WITH:

- | | | |
|-------------------------------|---|-----------------------|
| ___ Yom Kippur Break-Fast | ___ Shabbat Across America | ___ New Social Events |
| ___ Chinese Auction | ___ Children's Purim Party | ___ Craft Fair |
| ___ Shopping for Events | ___ Pot Luck Dinners | ___ Temple Picnic |
| ___ Children's Chanukah Party | ___ Passover Seder | ___ Sisterhood Brunch |
| ___ Adult Chanukah Party | ___ Interactive Seder (during religious school) | ___ Ladies Night Out |
| ___ Temple Bingo/Game Night | ___ New Fund Raisers | ___ Other Ideas _____ |

Do you have a membership at Sams, BJ's, Costco? _____

▶ **Sisterhood Dues is \$20.00 annually.**

◆ **Please join us even if you cannot become a member.
Your input is important to us!**

◆ **Please become a member even if you cannot attend.
Your support means so much to us!**