

# Sisterhood of Temple Beth Hillel

## Membership Application for 2018 -2019



Please include a check for **\$18.00** payable to **TBH Sisterhood**, complete the contact information below, and return your application to the Temple office.

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Home \_\_\_\_\_  
Mobile \_\_\_\_\_

I would be able available to attend events scheduled  
During the day \_\_\_\_\_  
During the evening \_\_\_\_\_  
On weekends \_\_\_\_\_  
Anytime \_\_\_\_\_

Types of events I would like to see happen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_