

**BRITH SHOLOM BETH ISRAEL SISTERHOOD MEMBERSHIP FORM**

Name: \_\_\_\_\_

Address:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(This will allow us to communicate with you quickly and efficiently)

**I'd be interested in - check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Membership            | <input type="checkbox"/> Cheverah Kadisha Dinner |
| <input type="checkbox"/> Cooking               | <input type="checkbox"/> Mailings                |
| <input type="checkbox"/> Ronald McDonald House | <input type="checkbox"/> Tri-Sisterhood Meeting  |
| <input type="checkbox"/> Programming           | <input type="checkbox"/> Orthograms              |
| <input type="checkbox"/> Phone Committee       | <input type="checkbox"/> Kitchen                 |
| <input type="checkbox"/> Table Setting         | <input type="checkbox"/> Hospital Visits         |
| <input type="checkbox"/> Shaloch Manos         | <input type="checkbox"/> Babysitting             |
| <input type="checkbox"/> Transportation        | <input type="checkbox"/> Computer Input          |
| <input type="checkbox"/> Chanukah Dinner       | <input type="checkbox"/> Chessed Committee       |
| <input type="checkbox"/> Purim Party           | <input type="checkbox"/> D'var Torahs            |

\_\_\_\_\_ Enclosed is a \$25 dues check, payable to BSBI Sisterhood (tax deductible).

\_\_\_\_\_ I would also like to include a donation to the Donor Fund.

Please complete this form and mail with your payment to:

**Janice Turner  
BSBI Sisterhood  
351 Confederate Circle  
Charleston, SC 29407**

*We are happy to welcome you to the BSBI Sisterhood!*