



# Join and Celebrate...

Your Temple Beth David  
**SISTERHOOD**

"Sisterhood Matters!"



[Please Print or Type]

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

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Text: Yes      Birthday: \_\_\_\_ / \_\_\_\_      Anniversary: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
No                      mm    dd                      mm    dd    yr

Interests / Talents: \_\_\_\_\_

Annual Membership (Required for membership) \_\_\_\_\_ \$36

Donation (additional donation with much gratitude!)

\$18     \$36     \$54    Other \$ \_\_\_\_\_    \$ \_\_\_\_\_

\*Total Enclosed \$ \_\_\_\_\_

\*Please enclose your check made out to **TBD Sisterhood**

**Return/Mail to:**

Temple Beth David Sisterhood ☆ 6100 Hefley Street ☆ Westminster, CA 92683

*We look forward to a wonderful year with you!*