



CONGREGATION AMCHAH SISTERHOOD

Yes, I would like to join...

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please list any friends you would like us to contact as well

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Sisterhood Annual Dues \$18.00

(please make check payable to Congregation Amchah Sisterhood)

What type of Sisterhood events do you enjoy? _____

Please list any special interests or talents _____

Have you been a member of a Synagogue Sisterhood before? _____