

OSEH SHALOM SISTERHOOD MEMBERSHIP DATA FORM

Anyone wishing to become a member of the Sisterhood should complete this form and forward with your dues

YOU MUST BE A MEMBER IN GOOD STANDING OF TEMPLE OSEH SHALOM TO JOIN THE SISTERHOOD

NAME _____ SPOUSE _____

-
ADDRESS _____

TELEPHONE (HOME) _____ (CELL) _____

E-MAIL _____

BIRTHDAY (month/day) _____ ANNIVERSARY (month/day) _____

MOVED FROM: _____

WOULD YOU BE WILLING TO WORK ON ONE OF OUR MANY COMMITTEES?

PROGRAM _____ FUND RAISING _____ MEMBERSHIP _____

COMMUNITY OUTREACH _____ ONEG SHABBAT _____

WOULD YOU LIKE TO TELL US ABOUT ANY SPECIAL TALENTS OR INTERESTS?

FULL TIME RESIDENT _____

PART- TIME RESIDENT _____

SISTERHOOD DUES \$15

Contact:

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