



Sisterhood Registration Form

Name _____

Address _____

Phone Number _____

E-mail: _____

Membership Fee: \$36.00

Checks payable to: B'nai Israel Synagogue Sisterhood.

PLEASE BE SURE TO INCLUDE THE WORD "SISTERHOOD" ON YOUR CHECK.

Please mail your completed membership form, along with your check to:

**Betsy Wolf
4890 Faircourt
West Bloomfield, MI 48322**

Attn: Sisterhood

Questions: Call Betsy: 248-207-0408