



***Yes!, I Want to make a Difference by Being a Part of***  
**WOMEN OF SINAI**

Member's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Membership dues choices:**

Rachel \$36.00

Leah \$54.00

Rebecca \$72.00

Sarah \$118.00

**Amount Enclosed \$** \_\_\_\_\_

**Membership Type**

Renewal

New Member

***Print and mail this form, along with your dues check to***

Jane Glusman  
4423 Glebe Farm Road,  
Sarasota, FL 34235



**TEMPLE SINAI**