



***Yes! I want to make a difference by being a part of  
WOMEN OF SINAI***

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

**Address** \_\_\_\_\_

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

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Birthday: Month**\_\_\_\_ **Day**\_\_\_\_

**Membership Dues Choices:**

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

- Rachel      \$ 36.00
- Leah         \$ 54.00
- Rebecca    \$ 72.00
- Sarah        \$118.00

**Membership Type**

- Renewal
- New Member



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

***Pamela Paschall  
Temple Sinai Sarasota  
4631 S Lockwood Ridge Rd  
Sarasota, FL 34231***

