

Women of CRJ
Affiliated Sisterhood of Women of Reform Judaism

Name: _____ Email: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Birthday (month and day): _____

Membership Levels (Please circle one)

Basic \$42 **L'Dor V'Dor*** \$60 **Rachel** \$78 **Leah** \$124 **Pillar of Miriam** \$142

*Membership at this level and higher includes Mother and Daughter up to age 21

The vitality of Sisterhood is enhanced with involvement from each member.

Please circle any area(s) of interest to you:

Fundraising Judaica Shop Social Media Programming

Other: _____

Let us know what special talents or skills you bring to Sisterhood: _____

Your membership has an impact no matter your level of participation.

It helps us be **STRONGER TOGETHER!**

Sincerely,

Helene Becker **and**
President

Dana Sussmann
VP of Membership

Make checks payable to **Women of CRJ**

Please mail to:

Rachel Sacks
156 Golf Club Dr
Longwood, FL 32779