

MEMBERSHIP 2023-24

Please print clearly and complete all requested information

Name:		
Mailing Address: (Street) Email:	(City)	(Zip)
Home Telephone: ()Cell		
Membership level:\$ 36.00\$ 500.00 Woman of ValorAdditional donation of \$Particular Sisterhood fund, please inc	(If you would like this donation dicate here:	n directed to a
Check in the amount of \$ enclosed.		
Charge Credit Card:Visa Mastercard Card # Card expiration: Security code (3 digits):	Billing zip code:	
Mail form with credit card information or check payable Avenue, Pasadena, California 91107. Alternatively, y information to Aty Rotter at Atalya19@aol.com or call A form and payment to the PJTC Office or bookkeeper or	you can scan and email form wi aty at (626) 664-4509. <u>Please do not</u>	th credit card mail or turn in
Sisterhood recognizes lives of Jewish women are changing a at all stages of their lives. We create programs to enric programming would you like Sisterhood to include in the fu	ch us in many ways. What types	of activities or
Is there a particular speaker or theme you recommend for a F interested in participating as a guest speaker?	1 0	
Would you be interested in serving on the Sisterhood by opportunities?		ng more about