

Cong. Beth David Sisterhood Membership Application 2010-2011

Please complete this Application and mail to:

Congregation Beth David

Attn: Sisterhood

19700 Prospect Road

Saratoga, CA 95070

Contact Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Sisterhood Membership Dues (circle 1 type only):

Congregation Beth David Member: \$36.00

New Member of Congregation Beth David: No charge

Non-Member of Congregation Beth David: \$40.00

Sisterhood Membership Dinner (circle 1 type only):

Yes! I will be attending the Annual Sisterhood Membership Dinner on:

Thursday, October 21, 2010, 6:30 p.m., at Congregation Beth David Social Hall

CBD Sisterhood Member (Congregation Member or Non-Congregation Member): \$20.00

Non-CBD Sisterhood Member: \$25.00

New CBD Member this year: No charge

Contribution (Thank you for any donation!): \$ _____

Total Paid (Please include cost of membership, dinner, and contribution--if so chosen): \$ _____

Please mail this application along with your check made payable to:

“Congregation Beth David Sisterhood” to the address above by Oct. 14, 2010.

Please be sure to write *“Membership Dinner”* in the memo line.

Contact Me! I’m interested in helping with the following activities (circle all that apply):

Membership Dinner

Square Dance

Creative Judaic Arts

Gift Shop Open Days

Gift Shop Bazaars

Sisterhood Shabbat

Mah Jongg Tournament

Torah Fund Tea

Queen Esther’s Kitchen

Purim Silent Auction

Simha/Oneg Baking

Yad L’Kol Appreciation