



Temple Shir Shalom
3999 Walnut Lake Road
West Bloomfield, MI 48323

Temple Shir Shalom Sisterhood 2011-2012 Membership Application

Help Your Sisterhood Make Mitzvahs Happen!!!

Name _____

Address _____

City, State, Zip _____

E-Mail _____

Phone(s) Home: _____ Work: _____ Cell: _____

Date of Birth Month: _____ Day: _____

- I would like to renew my membership in the T.S.S. Sisterhood.
- I would like to join Sisterhood.
- I am a new T.S.S. member and would like to be part of Sisterhood.
Please sign me up for my **free one year** membership.

Please accept my level of membership as:

Sarah \$90 Rebecca \$72 Leah \$54 Rachel \$36

- I am enclosing my check for \$_____ made out to Temple Shir Shalom Sisterhood.

Please Mail to: Temple Shir Shalom Sisterhood
3999 Walnut Lake Road
West Bloomfield, MI 48323

- I authorize Temple Shir Shalom to charge \$_____ to my credit card:
 Discover Card Visa MasterCard

Account Number: _____ Expires: _____

Signature: _____ Date: _____