

For Office Use Only

Check # _____

Date Rec'd _____

CST SISTERHOOD

2018-2019 Membership Registration Form

We are continually working on updating and improving our membership records. Even if you are a returning member, **please** fill out this form completely and return it with your check payable to CST Sisterhood, 3900 Northfield Parkway, Troy, MI 48084.

Thanks so much for your additional time and effort!

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

BIRTHDAY (MONTH & DAY ONLY): _____ FIRST YEAR IN SISTERHOOD: _____
(IF YOU REMEMBER☺)

MEMBERSHIP LEVEL

DONOR \$25 BENEFACTOR \$36 CHAMPION \$50 PATRON \$100

Below is a partial list of opportunities to participate further in Sisterhood. Please check any that interest you. You will NOT be automatically signed up to do anything - WE PROMISE!!!!

_____ HELPING WITH SETUP, CLEANUP, AND/OR SERVING AT B'NAI MITZVAH ONEGS
THIS IS A MAJOR FUNDRAISER FOR SISTERHOOD, AS WELL AS A MITZVAH FOR CST FAMILIES

_____ HELPING WITH FUNDRAISING DAYS
(e.g. HANUKKAH/PASSOVER SPREES, ETC.)

_____ PARTICIPATING IN SISTERHOOD SHABBAT IN THE SPRING

_____ HELPING WITH THE SISTERHOOD SUNDAY FUNDRAISERS DURING FAMILY ED

_____ WORKING ON TIKKUN OLAM PROJECTS

_____ HELPING PLAN THE ANNUAL MEMBERSHIP DINNER AND/OR THE END-OF-YEAR DINNER

_____ SERVE ON A STANDING COMMITTEE
MEMBERSHIP * PROGRAMMING * ONEG

DO YOU HAVE ANY ADDITIONAL COMMENTS OR SUGGESTIONS? WE VALUE YOUR INPUT & PARTICIPATION!