

SISTERHOOD MEMBERSHIP FORM

Name _____

Address _____

Phone _____

E-Mail Address _____

_____ I would appreciate receiving information about Life Membership.

Level of Dues: Rachel's Rose..... \$36

Rebekah's Bouquet..... \$56

Leah's Garden.....\$72

Please Make Checks Payable to Sisterhood Congregation Beth Emeth and send to:

Sisterhood

Congregation Beth Emeth

300 W. Lea Blvd.

Wilmington, DE 19802