



NORTH  
COUNTRY  
REFORM  
TEMPLE  
נר תמ"ד

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## 2013-2014 Sisterhood Membership Form

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Birthday \_\_\_\_\_

**Membership \$36**

I have enclosed  
Check# \_\_\_\_\_  
made out to  
NCRT Sisterhood  
 NCRT Member

I will pay by credit card:  Discover  M/C  Visa

Account # \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

How often do you participate in Sisterhood's programs or events? (circle): Weekly Monthly Yearly Rarely

What kinds of new programs or events would you like Sisterhood to plan or create? \_\_\_\_\_

Would you be willing to be a part of planning those new programs or events? \_\_\_\_\_

What have been some of your favorite Sisterhood programs or events in the past? \_\_\_\_\_

When are you available to participate in Sisterhood programs or events? (circle as many as applicable):

Daytime Evenings Weekends Other: \_\_\_\_\_

What improvements can Sisterhood make to better serve your needs? \_\_\_\_\_

If you have other interests or creative skills that you would like to share with Sisterhood, or more comments than the space above allows, please write us a note on the back of this form when you send it in. We'd love to hear from you! Questions? Call or email Alissa Woska, 516-279-2222 or thewoskas@yahoo.com.

**Welcome to Sisterhood: Women of North Country Reform Temple!**