

B”H

Sisterhood of Congregation Talmud Torah Adereth El

Founded 1857

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ADERETH EL SISTERHOOD MEMBERSHIP APPLICATION

NAME: _____

TELEPHONE(S):

(cell) _____

(home) _____

(work) _____

EMAIL: _____

ADDRESS: _____

DATE: _____

PAYMENT:

Please check

\$36

I am a member of the Synagogue

\$54

I am not a member of the Synagogue

_____ My check for \$_____ to the Adereth El Sisterhood is enclosed with this application

_____ Please charge \$_____ to my credit card: ___ Visa ___ Mastercard ___ Amex

No. _____

Expiration date _____

THANK YOU & WELCOME TO THE ADERETH EL SISTERHOOD