

2018-2019 TEMPLE KOL AMI SISTERHOOD DUES

A strong Sisterhood is the backbone of a thriving congregation. **PLEASE JOIN US!** Our *Miriam* level dues cover the cost of operating sisterhood as well as dues to WRI national and regional levels. By choosing *Leah, Rachel, Rebecca,* or *Sarah* dues, you will be helping TKA Sisterhood fulfill our mission, support our social action and community outreach goals, as well as support our religious school and our Temple events and projects. Our *Naomi* level dues are tailored for the younger members of our congregation to participate in Sisterhood.

Your generosity is greatly appreciated. We invite you to select the dues payment level at which you are most comfortable.

For more information about sisterhood or dues, please contact:

Sue Farber/ cell: 248-417-9594 / email: sufarber@gmail.com

NAME

Naomi dues (under age 36): **\$20** _____ \$ _____
Miriam dues: **\$45** _____ \$ _____
Leah dues (Triple Chai): **\$54** _____ \$ _____
Rachel dues (Quad Chai): **\$72** _____ \$ _____
Rebecca dues (Quint Chai): **\$90** _____ \$ _____
Sarah dues: **\$120** _____ \$ _____
Additional Donation to Sisterhood _____ \$ _____
Donation to WRJ YES Fund: _____ \$ _____

TOTAL \$ _____

****Please make your check payable to: Temple Kol Ami Sisterhood****

PLEASE COMPLETE THE FORM BELOW.

Temple Kol Ami Sisterhood is exploring ways to use Social Media and technology to keep its members connected and informed. We ask that you complete the ENTIRE membership form-contact information to help us better communicate with you.

You may have noticed that we have been taking many photographs and video recordings at Temple Kol Ami Sisterhood events. It is a wonderful way to share our Temple memories and express pride and express pride when promoting TKA. Any photographs and/or videos taken at our events may thereafter be published and/or distributed as solely determined by Temple Kol Ami Sisterhood. If you would like to refrain from having your photo taken, please inform the photographer or videographer.

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birthday (Month & Day): _____

I would like transportation to Sisterhood events:

_____ **Daytime**

_____ **Evening**

I prefer to receive phone calls on my:

_____ **Home phone**

_____ **Cell phone**

I can offer a ride to someone in my area: _____

Please return this form with your payment to:

TKA Sisterhood, 5085 Walnut Lake Road, West Bloomfield, MI 48323 ATTN: Leslee