



Temple Ohev Sholom Sisterhood
New Member Application

Name: _____

Spouse's Name: _____

Street Address: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Birthday (Month and Day Only): _____

Anniversary: _____

Children's Names and Ages: _____

Areas of Interest: _____

I would like to be placed on both the Sisterhood mailing list and email list. (Circle one)

YES NO

Comments or Suggestions:

Signature: _____ Date: _____

If you have any questions, please contact Dara Kluger. Please see below.

Membership dues are \$36. Please make checks payable to "Temple Ohev Sholom Sisterhood" or "TOSS". Completed applications along with dues payment should be mailed to:

Dara Kluger, Financial Secretary
1105 Tiverton Road
Mechanicsburg, PA 17050