

It is not too late to join.....

Bet Aviv Sisterhood Membership form

2019-2020

Name: _____

If your information has NOT changed, you do not need to fill out the rest of the form.

Email: _____

Address: _____

Phone Number (h) _____

(c) _____

Birthday: Month /Day _____

Membership fee is \$ 45.00

I would like to make an addition donation to Sisterhood of \$_____.

Mail to:

Faye Levine
10423 White Court
Laurel, MD 20723