

# Sisterhood of Temple Ohabei Shalom

## 2024-2025 Membership Form

We warmly welcome all women to Sisterhood, where friendships grow as we serve our Synagogue in meaningful ways.

Your Name

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Your Home Address

City

State

Zip

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Best telephone number at which to reach you (indicate more than one if you wish)

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E-mail Address

Month & Day of Birthday

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**Please suggest an activity / event that you would enjoy and could lead:**

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Dues Payment \$54.00 \_\_\_\_\_

An additional voluntary donation to help us better serve our Synagogue community would be greatly appreciated. Thank you!

Sponsor \$72 (includes dues) \_\_\_\_\_ Benefactor \$90 (includes dues) \_\_\_\_\_

With your Benefactor level membership you will receive a complimentary jar of honey!  
(delivery by HHD 2025/5786)

Betsy Gould Mitzvah Fund (additional optional donation of your choice to benefit community service programs) \_\_\_\_\_

First year Sisterhood members: *No dues charge (voluntary donations welcome)*

If you are experiencing a financial hardship, please reach out IN CONFIDENCE to Denise Karlin, Sisterhood President and Interim Treasurer at: [djkarlin@rcn.com](mailto:djkarlin@rcn.com)

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Please return this entire form and your check made out to Sisterhood Temple Ohabei Shalom and send to Denise Karlin at her home address, 99 Pond Avenue, Unit 218, Brookline, MA 02445.

Thank you for supporting the Sisterhood of Temple Ohabei Shalom.

We welcome and look forward to your participation.