

Congregation Sons of Israel

Application for Sisterhood Membership

Mailing Address: PO Box 702, Peabody, MA 01960
www.peabodyshul.org

Please complete the following information so we can process your application.

Name:	_____		
Address:	_____		
City:	_____		
State:	_____	Zip Code:	_____
Phone Number:	_____	Email Address:	_____
Referred By:	_____		

Paid Fee: \$10.00 Cash
 Check

Ideas That You Have: _____

Please make check out to:
Congregation Sons of Israel-Sisterhood

Please mail check to:
Congregation Sons of Israel-Sisterhood
P.O. Box 702
Peabody, MA 01960