



Ohavay Zion Synagogue
2048 Edgewater Court
Lexington, KY 40502
Phone: 859-266-8050
Fax: 859-268-3357

OZS Sisterhood Membership Form 2011-2012

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____

Email Address: _____

Dues are \$25 per year:

_____ My check is enclosed (payable to OZS Sisterhood)

_____ I will pay using charge card via OZS website. Under Purpose -
please specify Sisterhood Membership – please submit paper form as well.

Please check your choice below *:

_____ Yes, I would like to be affiliated as a National member of the Women's League

_____ No, I would not like to be affiliated as a National member of the Women's League

* By indicating that you wish have National affiliation we will release your name, address, phone and email. National affiliation allows you to attend regional and National conventions, workshops, etc. as well as receive mailings and solicitations from the Women's league office. For more information go to www.WLCJ.org

I will volunteer to help as: (Please indicate how you'd like to help!)

_____ Leadership member (several positions available)

_____ Planning Event

_____ Refreshments

Please return form to OZS office!

Thanks for joining!