



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

**OZS Sisterhood Membership Form
2009-2010**

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____ **Evening Phone #:** _____

Email Address: _____

Dues are \$25 per year:

_____ **My check is enclosed (payable to OZS Sisterhood)**

_____ **I will contact the office with my charge card**

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!)

_____ **Planning Event**

_____ **Refreshments**

_____ **Babysitting**

Please return form to OZS office! Thanks for joining!