



# Sisterhood Membership Information for 2023

## NHBZ Sisterhood...

Supporting congregation ... Strengthening community ... Promoting friendship ... Enriching lives

### Nusach Hari B'nai Zion Sisterhood Mission

... to bring together the women of NHBZ, and other interested women, to serve and inspire our congregation, to support our community, and to enrich our lives through personal and spiritual growth in Torah values. Our activities further our commitment to Torah ideals, Jewish education, Zionism, and family.

Since 1950, the Sisterhood of Nusach Hari B'nai Zion has supplemented and enhanced the physical synagogue building as well as the spirituality of the congregation. Whether funding new kitchens, beautifying the landscape, or sponsoring holiday treats, the women of the Sisterhood have banded together to enrich our shul and inspire each other. Our fundraising supports Passport to Israel experiences for eligible members, synagogue improvements, sponsorships, and more.

*All paid-up Sisterhood Members are invited to a Membership Tea in March. Join today! Be a part of our Sisterhood. Grow with us in pride, belonging and purposefulness.*



NHBZ SISTERHOOD MEMBERSHIP FORM		
<b>APPLICANT INFORMATION</b>		
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss
<input type="checkbox"/> Dr.	<input type="checkbox"/> Married	<input type="checkbox"/> Single
		<input type="checkbox"/> Widow
Name:		
Current Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		Hebrew Name:
Are you a Member of Nusach Hari B'nai Zion Congregation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:
<b>INTEREST SURVEY</b>		
Occupation/Profession (current or former):		
Special Skills or Talents:		
List the Sisterhood activities of interest to you:		
Additional Comments:		
<b>EMERGENCY CONTACT</b>		
Name of Relative/Emergency Contact:		
Relationship:	Phone:	Phone:
<b>SIGNATURE</b>		
<b>\$25 Annual Membership Dues</b>		<input type="checkbox"/> Dues Paid for 20__ Amt\$____
Make check payable to <b>NHBZ</b> – write <b>'Sisterhood'</b> in the memo line – Mail to NHBZ, 650 N. Price Road, StL, MO 60132		
Applicant Signature:		Date:

For more information: email [sisterhood@nhbz.org](mailto:sisterhood@nhbz.org), visit [www.nhbz.org](http://www.nhbz.org), or telephone: 314-991-2100