

THE WOMEN OF CBE
2024-2025/5785 Membership Registration
JOIN OUR SISTERHOOD FAMILY

New Member

Returning Member

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthday: _____
(mm/dd)

| Membership Levels (CBE Temple Members) | Membership Levels (Non-Temple Members) |
|--|--|
| Sarah \$118 (Incl. \$10 card for Gift Shop) | Sarah \$118 (Incl. \$10 card for Gift Shop) |
| Rachel \$54 (Incl. \$5 card for Gift Shop) | Rachel \$72 (Incl. \$5 card for Gift Shop) |
| Miriam \$36 | Miriam \$56 |

I am interested in (check all that apply):

Hosting a meeting in my home

Helping in the Gift Shop

Helping at events

Contributing baked goods for events

Make checks payable to:
 Women of CBE

Mail checks and completed Membership form to:
 WOMEN OF CBE
 PO Box 878, Simi Valley, CA 93062-0878

Questions? Contact us at:

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