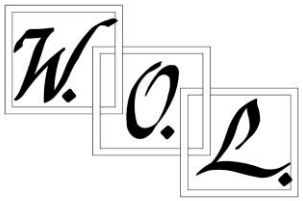

MEMBERSHIP APPLICATION

Membership of this organization is open to all Jewish women who are committed to the observance of Kashrus, Shabbos, Taharas Hamishpocha and the strengthening of Torah observance throughout the community.

Applicant's Title: _____ Name: _____

Husband's Title: _____ Name: _____

Marital Status: Married☐ Divorced☐ Widowed☐ Single☐

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Last Synagogue Affiliation: _____

Address of Synagogue: _____

City, State, Zip: _____

Name of Rabbi of that Synagogue: _____

Rabbi's Phone No: _____

Referred to W.O.L. by: _____

Signature: _____ Date: _____

Please return application to:

Mrs. Ruth Rothenberg **25340 Church, Oak Park, MI 48237**

Mrs. Shelly Shapiro **14261 Vernon, Oak Park, MI 48237**

Mrs. Shaindy Freedman **14640 Sherwood Ct., Oak Park, MI 48237**

Email: morahshaindy@gmail.com