



WOMEN OF EMANU-EL

2025-2026 Membership Form

Name: _____

Address: _____

Email: _____

Phone: _____

Membership Dues \$100

Check if you are
a new member:
(No dues first year)

Voluntary
Contribution:
\$ _____
(tax deductible)

Total Due:
\$ _____

*Please make your
check payable to
Women of Emanu-El*



WOMEN OF EMANU-EL

Please indicate your preferences:

I am interested in volunteering for the following projects:

- Art Center for Seniors at Emanu-El
- Jewish Braille Institute (JBI)

(Refer to our program calendar for project descriptions)

Women of Emanu-El: One East 65th Street, New York, NY 10065
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