

# SISTERHOOD SPECIAL INTEREST GROUP (SIG) SURVEY

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Indicate your preferences below:

<b>SPECIAL INTEREST GROUP</b>	<b>PREFERRED TIME</b>		<b>FREQUENCY</b>	
	DAY	EVENING		
Creative Handcrafts:	<input type="checkbox"/> Knitting	___	___	_____
	<input type="checkbox"/> Crochet	___	___	_____
	<input type="checkbox"/> Needlepoint	___	___	_____
	<input type="checkbox"/> Quilting	___	___	_____
	<input type="checkbox"/> Judaic Handcrafts	___	___	_____
	<input type="checkbox"/> Other (specify) _____	___	___	_____
Fine Arts:	<input type="checkbox"/> Painting	___	___	_____
	<input type="checkbox"/> Sculpture	___	___	_____
	<input type="checkbox"/> Calligraphy	___	___	_____
	<input type="checkbox"/> Other (specify) _____	___	___	_____
Study Groups:	<input type="checkbox"/> Film/Media	___	___	_____
	<input type="checkbox"/> Contemporary Jewish Women	___	___	_____
	<input type="checkbox"/> Other (specify) _____	___	___	_____
Judaic Studies:	<input type="checkbox"/> Basic Hebrew Reading	___	___	_____
	<input type="checkbox"/> Bible Study	___	___	_____
	<input type="checkbox"/> Bat Mitzvah Class	___	___	_____
	<input type="checkbox"/> Jewish History	___	___	_____
	<input type="checkbox"/> Synagogue Skills	___	___	_____
	<input type="checkbox"/> Other (specify) _____	___	___	_____
Kosher Culinary Arts:	<input type="checkbox"/> Cooking Class	___	___	_____
	<input type="checkbox"/> Dinner Hug	___	___	_____
Language Arts:	<input type="checkbox"/> Hebrew	___	___	_____
	<input type="checkbox"/> Yiddish	___	___	_____
Literary:	<input type="checkbox"/> Book Discussion	___	___	_____
	<input type="checkbox"/> Creative Writing	___	___	_____
	<input type="checkbox"/> Poetry	___	___	_____
	<input type="checkbox"/> Other (specify) _____	___	___	_____

**SPECIAL INTEREST GROUP****PREFERRED TIME****FREQUENCY**

DAY      EVENING

Performing Arts:	<input type="checkbox"/> Drama Hug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Theater Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Choral Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Network/Support:	<input type="checkbox"/> Older Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Caretakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Singles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Single Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Working Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Health:	<input type="checkbox"/> Exercise	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yoga		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Self-Defense		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Diet & Nutrition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Just for Fun:	<input type="checkbox"/> Mah Jong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Scrabble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Service to the Community (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Service to the Synagogue (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I would like a SIG dedicated to: \_\_\_\_\_