

# Membership Application

MEMBERSHIP CATEGORY	MAILING & MEMBERSHIP INFORMATION
<input type="checkbox"/> FAMILY <input type="checkbox"/> SINGLE PARENT FAMILY <input type="checkbox"/> COUPLE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> TEEN/STUDENT <input type="checkbox"/> SPECIAL NEEDS <input type="checkbox"/> FEDERATION GARDENS <hr/> <input type="checkbox"/> FAMILY PROGRAM <input type="checkbox"/> SINGLE PARENT FAMILY PROGRAM <hr/> <input type="checkbox"/> SENIOR SOCIAL CLUB	LAST NAME(S) ONLY _____ STREET _____ APT _____ CITY _____ STATE _____ ZIP _____ HOME PHONE # _____ MARITAL STATUS _____ E-MAIL _____ REFERRED BY _____ EMERGENCY CONTACT _____ PHONE # _____
	<b>VOLUNTARY INFORMATION FOR STATISTICAL PURPOSES ONLY (Circle One)</b> JEWISH: (1) ORTHODOX (3) REFORM (5) NON-JEWISH (2) CONSERVATIVE (4) OTHER _____ (6) (INTER-FAITH) SYNAGOGUE _____

MEMBER #1 • Male/Female (Circle One) Mr., Ms., Mrs., Dr., Rabbi, Cantor (Circle One)	
FIRST NAME _____	MIDDLE INITIAL _____
LAST NAME _____	
E-MAIL _____	
OCCUPATION _____	
EMPLOYER NAME _____	
EMPLOYER ADDRESS _____	
CITY/STATE/ZIP _____	
BUSINESS PHONE # _____	(ext.) _____
CELL PHONE # _____	
BIRTH DATE Month/Day/Year _____	

MEMBER #2 • Male/Female (Circle One) Mr., Ms., Mrs., Dr., Rabbi, Cantor (Circle One)	
FIRST NAME _____	MIDDLE INITIAL _____
LAST NAME _____	
E-MAIL _____	
OCCUPATION _____	
EMPLOYER NAME _____	
EMPLOYER ADDRESS _____	
CITY/STATE/ZIP _____	
BUSINESS PHONE # _____	(ext.) _____
CELL PHONE # _____	
BIRTH DATE Month/Day/Year _____	

CHILDREN					
FIRST NAME	M.I.	LAST NAME (If different from family name above)	SEX (M or F)	BIRTH DATE Month/Day/Year	CURRENT GRADE

**CHOOSE ONE:**

MEMBERSHIP PAID IN FULL \$ \_\_\_\_\_
  CASH
  CHECK
  M/C
  VISA
  AMEX  
 CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV CODE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MONTHLY MEMBERSHIP (Must complete monthly membership payment authorization form)

**FOR OFFICE USE:**

Member #: \_\_\_\_\_ Join Date: \_\_\_\_\_ Renewal Date (If paid in full): \_\_\_\_\_  
 Membership Batch #: \_\_\_\_\_ Accounting Batch #: \_\_\_\_\_