

Membership Form—Jewish Community Center of Harrison 7/1/19—6/30/20

Adult 1 Name _____ Adult 2 Name _____

Home Address _____ Home Phone _____

Adult 1

Date of Birth __/__/____

Hebrew Name _____

Religious Background _____

If Jewish: __ Cohen __ Levi __ Israel

Email _____

Cellphone _____

Occupation _____

Business Name _____

Address _____

Adult 2

Date of Birth __/__/____

Hebrew Name _____

Religious Background _____

If Jewish: __ Cohen __ Levi __ Israel

Email _____

Cellphone _____

Occupation _____

Business Name _____

Address _____

Wedding Anniversary (if applicable): __/__/____

Children:

Name _____ Date of Birth __/__/____

Hebrew Name _____

Name _____ Date of Birth __/__/____

Hebrew Name _____

Name _____ Date of Birth __/__/____

Hebrew Name _____

Name _____ Date of Birth __/__/____

Hebrew Name _____

Yahrzeits — Please provide name, relationship to member, and English &/or Hebrew date of death.

Please use this space to tell us about yourselves (e.g., hobbies, interests, skills, what you are seeking from synagogue membership):

I/We are applying for membership at the Jewish Community Center of Harrison. For 2019-2020 I/We agree to pay:

__ Annual Family Dues (\$3600)

__ Annual Individual Dues (\$2425)

In addition, we agree to pay an annual Security Fee of \$180.

Building Fund — Every JCCH household is assessed a one-time Building Fund charge payable in one of three ways (please check one):

__ \$3000 paid upon joining

__ Three annual payments of \$1100

__ Five annual payments of \$700

Signature(s) _____

Date _____