



Membership Application Year 5775
 The Jackson Hole Jewish Community Center
 150 Scott Lane, P.O. box 10667, Jackson, WY 83002
 PH: 307.734.1999 E: info@jhjewishcommunity.org

Membership Privileges

- Email communications including our monthly newsletter, *The Kol*
- Bet Sefer school tuition discount
- Complimentary JPlay pre-school program for children 5 and under
- Participation in adult education programs
- Social events & activities
- JHJC Center rental advantages
- Reduced rate for Spirit of the Mountains Summer Camp
- Free JHJC Membership Directory (*inquire about listing yourself/family*)

Membership for August, 2014 – July, 2015

A sliding scale of dues is available, please pay what you can and no one will be turned away for lack of funds. Donations made to the JHJC are tax deductible. Please include a check or visit www.jhjewishcommunity.org to pay via PayPal. Please let us know if you'll be using PayPal so we can look out for the transaction notice.

Membership Category (circle)	Fee
Individual	\$325
Single Parent Family	\$450
Family	\$625
Friend of the JHJC	Any amount \$1+

Additional Yearly Contribution

Our annual budget requires ADDITIONAL financial support because membership fees alone cannot support our community. It is an important mitzvah that those of us, who are more fortunate and able to do so, assume a greater responsibility for our operating budget. We ask you to consider the following:

- ___ Mensch (\$5,000-\$10,000)
- ___ Mishpacha (\$2,500-\$4,999)
- ___ Chaver/Chaverah (\$1-\$2,499)

Please include a check or visit www.jhjewishcommunity.org to pay via PayPal. Please let us know if you'll be using PayPal so we can look out for the transaction notice.

Total Amount Enclosed: \$ _____

Do you have special or professional skill or talent you can contribute to the JHJC?

- ___ Yes! I can (describe) _____
- ___ No, but I have extra time and I can occasionally volunteer, please contact me!
 (Continued on reverse)



PLEASE HELP US UPDATE OUR RECORDS:

Today's Date _____

I/We am/are (circle) Returning Members New Members

Primary Member Name _____

Hebrew Name (optional) _____

Profession _____

E-mail address _____

Phone(s) Cell _____ Other _____

Additional Member Name _____

Hebrew Name (optional) _____

Profession _____

E-mail address _____

Phone(s) Cell _____ Other _____

Wedding Anniversary (if applicable) _____

Children:

Name/Age _____

Name/Age _____

Name/Age _____

Name/Age _____

Permanent Address (include mailing address)

Address _____

City _____ State _____ Zipcode _____

• Dates at Permanent Address (month each yr) _____

Secondary Address (include mailing address)

Address _____

City _____ State _____ Zipcode _____

• Dates at Secondary Address (month each yr) _____

Yarhtzeit Remembrances

1. Name of Loved One _____

Secular Date of Death _____

Relationship to family member _____

2. Name of Loved One _____

Secular Date of Death _____

Relationship to family member _____

If additional space is needed, please attach another sheet of paper.

If you'd like our monthly newsletter please list the best email:

Please contact Mary Grossman, JHJC Executive Director, at 734-1999 or info@jhjewishcommunity.org for questions or concerns. Of course all discussions are confidential.

