



MEMBERSHIP INFORMATION
 (Please complete one form for each member)

Date: _____

Last Name: _____ First Name: _____ Primary Address: _____ City: _____ State: __ Zip: _____ Cell Phone: _____ Home Phone: _____ Email: _____ DOB (Month/Day): _____ Anniversary (Month/Day): _____
Emergency Contact: _____ Relationship: _____ Phone: _____
How did you hear about JSCA? Google search <input type="checkbox"/> Friend <input type="checkbox"/> Word of mouth Website <input type="checkbox"/> One Jewish Asheville <input type="checkbox"/> Hard Lox <input type="checkbox"/> Other <input type="checkbox"/>
Please indicate your: Work/ professional background _____ Hobbies/ interests _____ Skills and/or talents _____
The JSCA has several committees that are looking for active participants. Please review the descriptions provided and indicate with a check any that may be of interest to you: Caring Community <input type="checkbox"/> Social Justice <input type="checkbox"/> Ritual & Services <input type="checkbox"/> Fund Raising <input type="checkbox"/> Holiday Catering <input type="checkbox"/> Education <input type="checkbox"/> Communications <input type="checkbox"/> Membership <input type="checkbox"/>
Annual Membership Dues (7/1 - 6/30) are \$100/person New memberships only, Jan 1 through June 30, are \$50 Please make check payable to JSCA and mail to: Carol Falender 11 Wakefield Dr. Asheville, NC 28803