



**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 learn about the JSCA?**  
Google search - [ ] Friend - [ ] Word of mouth - [ ] Website - [ ]  
One Jewish Asheville - [ ] Hard Lox - [ ] Other - \_\_\_\_\_

**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:**  
Membership - [ ] Caring Community - [ ] Holiday Catering - [ ]  
Social Justice - [ ] Ritual & Services - [ ] Education - [ ]  
Fund Raising - [ ] Communications - [ ]

**Annual Membership Dues (7/1 - 6/30)**  
**are \$100/person**  
Please make check payable to **JSCA** and mail to:  
  
**Carol Falender**  
**52 Griffing Circle**  
**Asheville, NC 28804**