



**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  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:**

Caring Community  Social Justice  Ritual & Services  Fund Raising

Holiday Catering  Education  Communications  Membership

**Annual Membership Dues (7/1 - 6/30) are \$100/person**

**First Year Memberships are pro-rated, when you join and pay online\***

*\*New memberships only. Jan 1 through June 30*

Please make check payable to **JSCA** and mail to:

**Gary Selnick**

8 S. Lindon Cove Rd.

Candler, NC 28715