



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 \$85/person
Please make check payable to **JSCA** and mail to:

Rory Novell
58 Regent Dr.
Fletcher, NC 28732