

Membership Application Year 5778

The Jackson Hole Jewish Community
610 W Broadway in the Centennial Bldg, 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
Participation in adult education programs
Reduced rate for ticketed 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 August 2017-July 2018

A sliding scale of dues is available, please pay what you can. 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 with a credit card (click on Donate on our homepage.)

Membership Category (circle)

Membership Category (circle)	Fee
Individual	\$340
Single Parent Family	\$475
Family	\$655
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)
- General Endowment Fund (any amount)

Please include a check or visit www.jhjewishcommunity.org to pay via credit card.

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 side)

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) _____

Yahrtzeit 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.

Like to receive our monthly newsletter? 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.