

MEMBERSHIP APPLICATION

Name(s): _____ Mountain Phone _____

Cell phone (s) _____ P.O. Box: _____ City: _____ CA Zip: _____

Other address: _____ City: _____ State: _____ Zip: _____

Home Phone _____ Cell phone (s): _____ E-mail Address: _____

Birthdays : _____ Anniversary: _____

Names of children living at home: _____



YEARLY DUES

FAMILY: \$100.00 - SINGLE: \$50.00

Due annually on January 31st

Please make check payable to MJC and mail to:

Mountain Jewish Community (or MJC)

P.O. Box 101

Blue Jay, CA 92317