



Westchester Community for Humanistic Judaism 2010-2011 Membership Application

Name(s): _____

Address: _____

Phone: (Home) _____ (Work) _____ Email: _____

Children:

Name	Birth date	JES✓

Name	Birth date	JES✓

✓ indicates you wish the child registered in the Jewish Education School.

Membership dues (\$85) to the Society for Humanistic Judaism is included.

Single membership @ \$285 (First Year introduction) @ \$185 \$ _____

Family membership @ \$485 (First Year introduction) @ \$285 \$ _____

Jewish Education School:

First child @ \$300 _____

Second child @ \$250 _____

Additional children ____ @ \$250 _____

Total remittance \$ _____

Membership includes holiday festivities and programs.

Our fiscal year is July 1 through June 30.

Please make check payable to "WCHJ" and return this form to:

Irving Kleiman, Treasurer

WCHJ

165 West End Avenue - 12D

New York, NY 10023

(212) 724-7840

If special consideration is needed (information provided to remain confidential),
please call Howard Weinberg 914-698-3148