



MEN'S CLUB

5304 RFD, Long Grove, IL 60047
(847) 634-0777

MEMBERSHIP INFORMATION FORM

NAME: _____

FULL HEBREW NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

BIRTHDAY: ____/____/____ OCCUPATION: _____

SPOUSE'S NAME: _____ ANNIVERSARY: ____/____/____

CHILDREN: _____ AGES _____

Please indicate which if any of the following committees you would be interested in participating:

RITUAL: ____ FUNDRAISING: ____ PROGRAMMING: ____

MEMBERSHIP: ____ SOCIAL ACTION: ____ MARKETING: ____

FAMILIES WITH YOUNG CHILDREN: ____

OTHER: _____

HOW CAN WE COMMUNICATE? (Please number 1-4 in order of preference)

___ email ___ Text Message ___ Phone ___ USPS Mail

Please return this form along with your check made out to
Beth Judea Men's Club in the amount of \$36.00