



Jewish Secular Community
of Cleveland

2019-20 Membership Application

Please enter the following information, and return this form with your dues payment.

NAME: _____ Birthday / Month & Day

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____

E-MAIL: _____

NOTE: The Jewish Secular Community depends on your dues payment to support our many activities. Please pay your dues as soon as you receive this notice.

Your dues covers membership from July 1, 2019 to June 30, 2020.

Amount

Annual Full Membership dues (age 35 and over): # adults ___ @ \$185/each

Annual Full Membership dues (under 35): # adults ___ @ \$100/each

Optional Donation to the General Fund

Optional donation to the Bill and Carol Falender Tikun Olam Fund

Named in honor of two former members, this fund will be used to help alleviate the effects of international, national, or local emergencies.

Total due:

If a payment plan is requested, please indicate the number of payments in this area. 2 or 3 payments would be fine.

Previously paid:

Balance due:

Please make checks payable to: Jewish Secular Community

Mail payment with this form to:
Dorothy Werblow
25801 Lake Shore Blvd. #103
Euclid, OH 44132