



# Membership Information Form

**Please print this form, fill it out and send it, along with your check, to the**

**Fair Lawn Jewish Center  
10-10 Norma Ave  
Fair Lawn, NJ 07410**

Title (Mr. Dr.) \_\_\_\_\_  
First name \_\_\_\_\_  
Last name \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_  
State/Province \_\_\_\_\_  
Zip/Postal code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_

When you need to reach me, please use... (CHECK ONE)  e-Mail\*  
 Phone  
 Regular Mail

*\* Please help us save money and time by using your e-mail address*

## Call me a ... :

- Member**      \$25 for the year      Member-only events, first notification for general events
- Macher**      \$36 for the year      All of the benefits of membership, *PLUS*  
your name on the MPC letterhead for the year
- Big Macher**      \$50 for the year      All of the benefits of membership, *PLUS*  
your name on the MPC letterhead for the year,  
*PLUS* a certificate suitable for framing