



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