



WESTSIDE JEWISH COMMUNITY CENTER
5870 West Olympic Boulevard
Los Angeles, California
323.938.2531

OFFICE USE ONLY	
Membership Type	_____
Renewal Date:	____/____/____
Init'l Pay't:	<input type="checkbox"/> In Full <input type="checkbox"/> Partial by ____
Database:	____/____/____ by ____

ADULT I: _____ / ____ / ____
 Last First Middle Birth date

Professional Title
 Dr. Rabbi
 Other _____

ADULT II: _____ / ____ / ____
 Last First Middle Birth date

Professional Title
 Dr. Rabbi
 Other _____

PRIMARY ADDRESS:

STREET: _____

ADULT I:
 Male Female

CITY: _____ **ST:** _____ **ZIP:** _____

ADULT II
 Male Female

SECONDARY ADDRESS:

STREET: _____

Type of Address:
 Vacation
 Adult II
 Other _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONES: ADULT I ADULT II

Home _____

Cell _____

Fax _____

Other _____ (type: _____) _____ (type: _____)

E-MAIL: _____

MARITAL STATUS: Married Single Divorced Widowed Partners Other _____

EMERGENCY CONTACT (Other than Adult I & II) Name _____

Phone(s) _____ Relationship _____

ALL CHILDREN IN MEMBERSHIP — Names (first, middle, last)	Birthdates	Sex: Male	Female
1) _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT INFORMATION — ADULT I

Occupation: _____

Position: _____

Employer: _____

Street: _____

City: _____ Zip _____

Phone: _____

EMPLOYMENT INFORMATION — ADULT II

Occupation: _____

Position: _____

Employer: _____

Street: _____

City: _____ Zip _____

Phone: _____

SKILLS, HOBBIES, SERVICES, EQUIPMENT THAT YOU MIGHT OFFER TO ASSIST THE CENTER:

Adult I _____ Adult II _____

SPECIAL PERSONAL INTEREST(S):

Adult I _____ Adult II _____

COMMITTEE INTEREST(S)

Adult I _____ Adult II _____

DO YOU HAVE MEDICAL INSURANCE? Yes No

ADULT I — Policy Name: _____ Policy Number _____

ADULT II — Policy Name: _____ Policy Number _____

FAMILY RELIGIOUS IDENTIFICATION: Jewish Interfaith Other _____

Synagogue Affiliation: Orthodox Conservative Reform Reconstruction Not Affiliated Other _____

Synagogue Name(s): _____

PRIMARY REASONS FOR JOINING CENTER: Up to 3 codes in order of importance — _____

- | | | |
|-------------------------|----------------------|------------------------|
| 1. Nursery School | 5. Sports | 9. Fitness Center |
| 2. Children's Program | 6. Teen Program | 10. Gesture of Support |
| 3. Senior Adult Program | 7. Family Activities | 11. Adult Programming |
| 4. Pool | 8. Cultural Events | 12. To Make Friends |

NUMBER OF PEOPLE IN THIS MEMBERSHIP GROUP: _____

OTHER JEWISH ORGANIZATION AFFILIATIONS OR MEMBERSHIPS _____

COMMENTS/QUESTIONS/ETC. _____

Signature Date