

# Westchester Jewish Council

701 Westchester Avenue, White Plains, NY 10604

914-328-7001 914-761-6309 (fax)

[Pam@wjcouncil.org](mailto:Pam@wjcouncil.org) / [www.wjcouncil.org](http://www.wjcouncil.org)

## MEMBERSHIP APPLICATION FOR 2016-2017

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_ \_ \_ \_ + \_ \_ \_ \_

Telephone (     ) \_\_\_\_\_ FAX (     ) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Name of Administrative Professional \_\_\_\_\_

Name of President or Chair \_\_\_\_\_

Name of Rabbi (if applicable) \_\_\_\_\_

For synagogues and membership organizations, number of member units \_\_\_\_\_

1 - Brief description of organization \_\_\_\_\_

\_\_\_\_\_

2 – What benefit do you see from being a member of the Westchester Jewish Council?

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3 – How will you specifically engage and serve the Westchester Jewish community?  
Feel free to attach additional pages.

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The Organization listed above hereby applies for membership in the Westchester Jewish Council (“WJC”). The undersigned certifies that he/she is a representative of the Organization authorized to sign this application and that the Organization is a not-for-profit Jewish organization eligible for membership in the WJC.

If this application for membership is approved, the Organization will be responsible for membership dues, currently \$360 per fiscal year (July 1-June 30), payable upon approval of membership on a prorated basis from the date of notification of acceptance of this application. Membership will be automatically renewed unless the Organization notifies the WJC that it is withdrawing as a member. The Organization will be responsible for dues incurred on a prorated basis until the date that the Organization informs the Council in writing of the cancellation of its membership.

WJC reserves the right to terminate the Organization’s membership at any time and will return any paid dues on a prorated basis as of the date of termination.

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the Westchester Jewish Council at the above address. Thank you for your interest.