

Westchester Jewish Council

701 Westchester Avenue, White Plains, NY 10604

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

Pam@wjcouncil.org / www.wjcouncil.org

MEMBERSHIP APPLICATION

Name of Organization _____

Address _____

City _____ State _____ Zip+4 _____ + _____

Telephone () _____ FAX () _____

Email _____ Website _____

Name of Chief Operating/Executive Professional _____

Name of President or Chair _____ Email: _____

Name of Rabbi (if applicable) _____ Email: _____

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?

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

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 \$540 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.