



Involving Jewish Men in Jewish Life

FEDERATION OF JEWISH MEN'S CLUBS, INC.

C/O OFFICENSE, 300 EAST LOMBARD ST. SUITE 840 ♦ BALTIMORE, MD. 21202

(212) 749-8100 ♦ e-mail: updates@fjmc.org ♦ web: www.fjmc.org

APPLICATION FOR FJMC MEMBERSHIP

CONGREGATION _____

SYNAGOGUE

AFFILIATION: _____ CONSERVATIVE _____ REFORM. _____ RECONSTRUCTIONIST. _____ ORTHODOX. _____ UNAFFILIATED. _____ OTHER _____

SYNAGOGUE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ E-MAIL _____

RABBI/LAY LEADER _____

CLUB OFFICERS

PRESIDENT _____

ADDRESS _____

CITY _____ ST _____ Zip _____

PHONE (____) _____ E-MAIL _____

VICE PRESIDENT _____

ADDRESS _____

CITY _____ ST _____ Zip _____

PHONE (____) _____ E-MAIL _____

TREASURER _____

ADDRESS _____

CITY _____ ST _____ Zip _____

PHONE (____) _____ E-MAIL _____

PLEASE SEE THE ADDITIONAL QUESTIONS ON THE SECOND PAGE OF THIS FORM. FILLING THEM OUT WILL HELP US HELP YOUR CLUB BE THE BEST IT CAN BE.

WE HEREBY ACKNOWLEDGE THAT THE CONSTITUTION AND BY-LAWS OF THE FEDERATION OF JEWISH MEN'S CLUBS HAS BEEN RECEIVED BY THE BOARD OF DIRECTORS OF OUR MEN'S CLUB, AND BY OUR SIGNATURES, OUR CLUB AGREES TO ABIDE BY THEM.

PRESIDENT _____ DATE _____

SECRETARY _____ DATE _____

Send this completed application to the FJMC International Office in Baltimore, at the address above, together with your:

1. Membership List (names, addresses with ZIP/Postal codes, and e-mail addresses).
2. Dues for the current fiscal year (September 1-August 31). Call for rates.

Page Two (of Application for FJMC Membership Form)

Number of Paying Members: _____

Approximate Number of Active Members: _____

Club's Strengths:

Club's Challenges:

Program/Initiatives/Facets of FJMC of greatest interest to the Club:

Other - any other information that would help us help the Club?
