



Membership Application Jewish Historical Society of MetroWest

Date _____

Member Information

Name _____

Address _____

Telephone (h) _____

(w) _____

other _____

Email _____

Type of Membership

General Member: \$50

Sustaining Member \$100

Chai \$180

I have enclosed my check or money order
in the amount of \$_____ payable to the Jewish Historical Society of
MetroWest.

Additional Information

Please select all options that are appropriate:

- I am interested in volunteer work with the Society
- I have materials I would like to donate to the Archives
- I am interested in endowment/memorial opportunities

*A not-for-profit corporation. A beneficiary agency of the United Jewish Federation of MetroWest
mail to: 901 Route 10, Whippany, NJ 07981-1156 • questions? call: 973.929.2995*