



MEMBERSHIP APPLICATION

Please print or type

Name: _____ Date: _____

Agency: _____ Job Title: _____

Agency / Foundation Address: _____

City/State: _____ Zip: _____

Home Address: _____

City/State: _____ Zip _____

(Check one) Please send my mail to: _____ Agency _____ Home

E-mail Address _____

CATEGORIES AND DUES OF INDIVIDUAL JCSA MEMBERSHIP

Category	Annual Dues	Please Check
General Membership	\$75	<input type="checkbox"/>
Transitional	\$50	<input type="checkbox"/>
Full Time Student*	\$15	<input type="checkbox"/>
<i>*Student members may continue at this fee during their first year of employment</i>		
Retirees	\$50	<input type="checkbox"/>
Adjunct* (Non-Professional)	\$25	<input type="checkbox"/>
<i>* does not include Journal subscription</i>		
Supporting	\$125	<input type="checkbox"/>

PAYMENTS COVER ANNUAL MEMBERSHIP

Check Enclosed for \$ _____ Membership Category _____

Please make check payable to: *Jewish Communal Service Association.*

Please Bill My **Credit Card** for \$ _____ Membership Category _____

Credit Card Type: Visa MasterCard American Express

Expiration Date: _____ Card Number: _____

Pay Online at www.jcsana.org by filling out our secure form.

YOUR ANNUAL DUES INCLUDE A YEARLY SUBSCRIPTION TO THE
JOURNAL OF JEWISH COMMUNAL SERVICE