

JEWISH COMMUNITY CENTER OF LONG BEACH ISLAND

2411 Long Beach Blvd., Spray Beach, NJ 08008

(609) 492-4090 • www.jccoflbi.org • jccoflbi@gmail.com • fax (609) 492-7550

2024 MEMBERSHIP RENEWAL INFORMATION

ENCLOSED IS: Fa		6600 Single Membership \$300 6100 Security Fee \$50		
	Member 1	Member 2		
Mr. Mrs. Ms. Dr.		Mr. Mrs. Ms. Dr.:		
E-Mail:				
Cell Phone:		Cell Phone:		
Birthday:		Birthday:		
Anniversary:		_		
Primary Address:	Check if year round mailing address	Secondary Address:		
Address:				
City:				
State, Zip:		State, Zip:		
Phone:		Phone:		
I DO NOT WISH	I TO BE INCLUDE	ED IN THE MEMBERSHIP DIRECTORY		
Bulletin.	n placing a black and e or \$100 for all 5 is	d white business card size ad for my BUSINESS in the ssues		
Directory. (Ple	n placing a black an ease circle) \$60.00 HALF PA	d white ad for my BUSINESS in the Membership GE: \$30.00		
	ould be made out t	or jccoflbi@gmail.com), and provide a business card or o the JCC of LBI and mailed to 2411 Long Beach		
	n view it on-line ple	at www.jccoflbi.org , and will only be mailed if ase don't request a mail copy, and help us save the cost		
Sorry, I still need	to receive a printed	l copy.		

YOUR NAME(S)				
YAHRZEIT INFORMA	ATION:			
The JCC of LBI ser addition these name			•	zeits. In
Please be aware tha Yahrzeit notices, no need help with the o presiding Rabbi for	or can we have the late you can usual	name read during	g the appropriate so	ervice. If you
If you wish to honor remembrance is three the name and yahrze the Shabbat of the during the year who	rough a Memorial zeit date, is mount week of the yahrze	Plaque and Lamped on the bronze to it, on the day of the	 Each memorial p ablet in the Sanctuane yahrzeit and on t 	laque, bearing ary. It is lit on the four festivals
MEMBER 1 YA	HRZEIT(S)			
NAME OF DECEASED	HEBREW NAME	RELATIONSHIP TO MEMBER	DATE OF DEATH (ENGLISH DATE) (M/D/Y)	BEFORE or AFTER SUN-DOWN
			,	□Before
				□After
				□Before
				□After
				□Before
				□After
				□Before
				□After
				□Before
				□After
MEMBER 2 YA	HRZEIT(S)			
NAME OF DECEASED	HEBREW NAME	RELATIONSHIP TO MEMBER	DATE OF DEATH (ENGLISH DATE) (M/D/Y)	BEFORE or AFTER SUN-DOWN
				□Before
				□After
				□Before
				□After
				□Before
				□After
				□Before
				□After
				□Before
				□After

Please use other side for additional names and dates.

RETURN THIS 2 PAGE APPLICATION WITH YOUR CHECK TO: JCC OF LBI, 2411 LONG BEACH BLVD., SPRAY BEACH, NJ 08008