

**PLEASE JOIN US BECOME A MEMBER TODAY**

Please mail this membership application with your check to JHMOMC, P.O. Box 7078, Freehold, NJ 07728

_____ Individual	\$18	_____ Supporter	\$50
_____ Family	\$36	_____ Patron	\$100
_____ Institutional	\$36	_____ Benefactor	\$250
_____ Senior (65+)	\$15	_____ Donor	\$500
_____ Student	\$15	_____ Founder	\$1000

Name\_\_\_\_\_

Address\_\_\_\_\_

Tel # \_\_\_\_\_ E-Mail\_\_\_\_\_

\_\_\_\_\_I would like to send a gift membership\_\_\_\_\_ I am interested in volunteering

Please contact me by \_\_\_\_\_mail, \_\_\_\_\_ telephone, \_\_\_\_\_e-mail

X- - - - -



***The Jewish Heritage Museum of  
Monmouth County***

*PO Box 7078, Freehold, NJ 07728  
www.Jhmomc.org.*

