

Avoda
Box *3120
Margate City, NJ 08402
Phone Number 609-822-4493
FAX Number 609-822-4173
APPLICATION FOR MEMBERSHIP

WOULD YOU KINDLY PROVIDE US WITH THE FOLLOWING INFORMATION?

NAME IN FULL: _____

Business or Profession: _____

Your position: _____

Business address and
telephone: _____

IF RETIRED-FORMER OCCUPATION _____

Home address _____

Home telephone number & CELL number: _____

Email Address: _____

Date of Birth: _____ Birthplace: _____

How long have you lived in this area? _____

Where educated: _____ Degrees: _____

Marital Status: _____ Children: ___Boys___ Girls___

Names and ages of Children _____

Spouse's Name: _____ Spouse's Birthday; _____

Talents: you or spouse (Musical, etc.): _____

Sports or Hobbies: _____

Wedding anniversary date _____

AVODA MEMBER SPONSOR _____

Do not include any dues payment with this application - you will be billed.

Date: _____ Signature: _____