

**Avoda**  
**Box 3120**  
**Margate City NJ 08402**  
Phone Number 609-822-4493  
**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 \_\_\_\_\_

I want to take an active role in the club \_\_\_\_ I only want to support the club financially \_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_