



I.L. Peretz Secular Jewish Community Membership Form

Name(s): _____

Street: _____

City, State, Zip: _____

Phone Number: _____

Please provide your email address/addresses. It helps us reduce costs and lessen our administrative workload!

Email 1: _____ Email 2: _____

- I/We permit the use of photographs that depict me/us and my/our child/children for use on the Peretz website and in Peretz marketing materials. Your consent is important to attract new members and keep our community vibrant. No names will be associated with these photos.

I/We would like to:

Become a Community member or Renew my/our Community Membership

- \$18 individual \$36 family

Make a tax-deductible donation in the amount of

- \$25 \$50 \$100 Other: \$ _____

- in honor of in memory of _____

to further the goals and activities of the Peretz community

Please make payment out to ILPCJS and return payment and completed form to:

ILPCJS
P.O. Box 1556
Highland Park, NJ 08904