

Join Date: _____
Staff Initials: _____



Shimon and Sara Birnbaum Jewish Community Center
775 Talamini Road, Bridgewater, NJ 08807
Phone: 908.725.6994 • Fax: 908.725.9753
Website: www.ssbjcc.org • Email: info@ssbjcc.org

House of Worship (Optional) Synagogue Church Other _____

***PAYMENT
INFORMATION***

Membership Type _____ **Star** (- Please include Fox Hollow Golf Mem with my Star Membership)
 Basic (- Please add Fox Hollow Golf Membership for an additional \$72)

Membership Dues \$ _____

Membership Joiner Fee \$ _____
(One time fee)

Fox Hollow Golf Mem Add on Fee \$ _____

Total Fee Due \$ _____ \$72 - Optional

Payment Options:

Check - Check # _____ Cash



Name _____
(as it appears on credit card)

Signature: _____

Credit Card # _____ Exp. Date _____

I authorize the Shimon & Sara Birnbaum Jewish Community Center to initiate transactions to my credit card and by the method indicated above. I authorize the credit card institution to charge my account, for the amount indicated.



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