

NEW MEMBERSHIP APPLICATION

Please print this and PRINT legibly

Ms Mrs. Mr. Dr.
NAME _____ AKA _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ FAX _____
EMAIL _____
CELL _____ SPOUSE'S NAME _____

_____ Yes, I want to join Brandeis National Committee.

Check one category:

_____ Regular \$ 60.00
_____ Couples \$100.00

Annual National dues apply from July 1 - June 30.

Make checks payable to **Brandeis National Committee [BNC]**
REMEMBER: Dues are TAX DEDUCTIBLE

Or Charge my BNC membership dues of \$ _____ to
___ Visa ___ MasterCard ___ AmEx
Account number _____
Security No: _____ Expiration date: _____
Signature: _____

For mailing information, contact:

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3541 Green Vista Dr.
Encino, CA 91436
818-783-5419
naomijavitz@brandeissfv.org

THANK YOU
for becoming a member of the Brandeis National Committee (BNC)
and for your contributions

Brandeis National Committee - San Fernando Valley Chapter