



Application for Club SEQUOIA Membership

Name: _____

Address: _____

Phone: _____ Birth Date: _____

Do you have a personal emergency response system? _____ If not,
are you interested in obtaining one? _____

E-mail Address: _____

Referred By: _____

Emergency Contact (Name, Address & Phone): _____

Medical Issues (ex. Pacemaker, Diabetes): _____

Doctor (Name & Phone): _____

Do we have permission to contact in the event of medical emergency? _____

Are you a Holocaust Survivor? _____

PLEASE CHECK THE SELECTION THAT APPLIES TO YOU:

- Founding Members Membership: \$250.00 per year
- Founding Members Monthly Membership: \$25.00 per month
- Membership: \$350.00 per year
- Monthly Membership: \$35.00 per month
- Couples Membership: \$500.00 per year
- Couples Monthly Membership: \$50.00 per month
- Silver Sneakers Membership: This is a benefit from some insurance companies. To verify your eligibility, please call 1-888-423-4632.

PAYMENT OPTIONS:

Credit Card: American Express (AMEX) Mastercard Visa

Number: _____ Expiration Date: _____

3 digit code on back of card _____

Check: Make payable to Jewish Family Service

Mail application to: Jewish Family Service, 110 Main Avenue, Passaic, NJ 07055

Club SEQUOIA 110 Main Avenue, Passaic, NJ 07055 • Phone: 973-777-7638