



# The Workmen's Circle

## MEMBERSHIP APPLICATION

**Instructions for Completion:**

1. Print this form to your local printer
2. Complete the form (required fields are marked with an asterisk "\*\*")
3. Mail your completed form (along with your check or money order (if applicable) to:

**The Workmen's Circle / Arbeter Ring**  
**ATTN: New Membership**  
**1980 S. Green Rd.**  
**Cleveland, OH 44121**

or fax to (Credit Card Applications Only):

**(216) 381-2641**

<b>APPLICATION (Please Print or Type)</b>					
Last Name*	First Name*	Middle Initial	Occupation		
Address*		City*	State*	Zip*	
Date of Birth*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone*		Work Phone	
Spouse's Last Name		First Name		Middle Initial	Occupation
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone		Work Phone	
<b>Names &amp; Birthdates</b> (Children under 18 are included in the family membership. Please List)					
Name		Birthdate		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name		Birthdate		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name		Birthdate		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name		Birthdate		<input type="checkbox"/> Male <input type="checkbox"/> Female	

Were you a previous Workmen's Circle Member?    Yes    No;    Your Spouse?:    Yes     No

Please enroll me/us in the Workmen's Circle, dedicated to fostering Jewish identity through cultural Jewishness; preserving, promoting and further developing Jewish Culture, Social Justice and Fraternalism.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

I (We) have enclosed a check for \$\_\_\_\_\_. Please consult the online Dues Computation Guide (if you have any questions, please call 216-381-4515 for assistance).

or, please charge my Credit Card, number: \_\_\_\_\_ exp: \_\_\_\_ / \_\_\_\_

Mastercard     Visa     American Express

*Membership dues are non-refundable.*

-- To Help Us Better Serve You, Please Complete the Next Page --

**FOR OFFICE USE ONLY**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Primary Reason for Joining The Workmen's Circle:** \_\_\_\_\_

**Please send me more information about** (select as many as you wish):

- |   |  |
|---|--|
| <input type="checkbox"/> Jewish Cultural Activities                   | <input type="checkbox"/> Jewish Books, Video and Audio Cassettes |
| <input type="checkbox"/> Jewish Schools                               | <input type="checkbox"/> Yiddish Classes                         |
| <input type="checkbox"/> Jewish Children's Camp<br>(Camp Kinder Ring) | <input type="checkbox"/> Adult Summer Resort                     |

Public Affairs / Social Action

- |  |  |
|--|--|
| <input type="checkbox"/> Comprehensive Major Medical Plan  | <input type="checkbox"/> Catastrophic Major Medical Plan |
| <input type="checkbox"/> Medicare Supplement Plan          | <input type="checkbox"/> Long Term Care Plan             |
| <input type="checkbox"/> Hospital Income Plan              | <input type="checkbox"/> Prescription Drug Plan          |
| <input type="checkbox"/> Emergency Medical Response System | <input type="checkbox"/> Dental Program                  |

Medial Services

- |   |  |
|---|--|
| <input type="checkbox"/> Social Services        | <input type="checkbox"/> Travel Services             |
| <input type="checkbox"/> Discount Phone Service | <input type="checkbox"/> Auto/Home/Boat Insurance    |
| <input type="checkbox"/> Pre-Paid Legal Program | <input type="checkbox"/> Cemetery / Funeral Benefits |

Geriatric Centers

Local Branch Activities

Life Insurance / Disability Income Plans

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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