

2017-2018 5777 HIGHLAND PARK Atid Dues Form

Advisor:

Phone:

Email:

ATID INFORMATION:

NAME of Atid member: _____

Address: _____

Atidnik's EMAIL (if they have one): _____

Home phone: _____ School attending: _____

Atidnik's CELL PHONE (if they have one): _____

Grade: _____ Birthdate: _____ Bar/Bat Mitzvah Date (if this year): _____

Do you attend Hebrew School? _____ If yes, which? _____

Check box if you would like to receive:

Text message reminders Emails

PARENT INFORMATION:

Father's Name: _____

Father's Cell: _____ Email: _____

Check box if you would like to receive:

Text message reminders Emails

Mother's Name: _____

Mother's Cell: _____ Email: _____

Check box if you would like to receive:

Text message reminders Emails

Can you chaperone an event? _____ Can you car pool? _____ How many people can you drive? _____

To become a member, please complete this form, READ and COMPLETE the BACK of this form, and include cash or a check made payable to Highland Park ATID.

Dues: \$25.00

Total enclosed: \$ _____ (cash / check # _____)

Highland Park Kadima
Highland Park Conservative Temple-Congregation Anshe Emeth
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Highland Park, NJ 08904
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