



APPLICATION FOR MEMBERSHIP
LT. RAYMOND ZUSSMAN JEWISH WAR VETERANS AUXILIARY #333

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____ Birthday: month _____ day _____

Applicant Signature: _____

Annual Membership dues: \$36.00
Make check payable to: Zussman JWV Auxiliary #333

Mail completed application to:
Zussman JWV Auxiliary #333
% Ellen Hechler
P.O. Box 2892
Farmington Hills, MI 48033

Questions: Please call JWVA Treasurer, Ellen Hechler (248) 855-2895

