



YJP: Young Jewish Professionals of Greater Naples

Name: Mr/Ms/Mrs/Dr _____ Occupation: _____

Phone number: _____ Cell phone: _____ Email address: _____ @ _____

Address: _____ City _____ State _____ Zip _____

My hobbies/interests: _____



JFGN Membership Dues are a minimum donation of \$36.00 per person.

____ I will be paying by check. (Please make your check payable to JFGN)

____ I will be paying by credit card: Card Number _____

Exp. Date _____ Name on Card _____ CVV: _____ Amount to Charge: \$ _____

You must sign the waiver below, and return this completed form with your check or credit card information.

____ I would like to volunteer for YJP by Chairing or Co-Chairing a program.

____ I would like to be a speaker or lead a workshop on these topics: If checked, list topic(s) _____

Please sign Event Participation Waiver: *As a participant in a YJP event, I, acting for myself, my executors, administrators, heirs, next of kin agree as follows: I waive all rights, claims, courses of action, of any kind whatsoever that I or my heirs or my legal representatives may claim to have against The Jewish Federation of Greater Naples, The Young Jewish Professionals of Greater Naples, or their agents, servants, and/or employees, for any loss, injury, or damage sustained by me while participating in a YJP event. This waiver and release shall be construed broadly, under the laws of the State of Florida. Your membership payment is your permission for YJP to take and use photographs/videos for appropriate purposes in accordance with YJP's mission.*

Signature _____

Please fill out and email this form to Marcy Friedland @ Mfriedland@jewishnaples.org OR

Jewish Federation of Greater Naples – 2500 Vanderbilt Beach Road, Suite 2201, Naples, FL 34109

Questions/Comments – Marcy Friedland 239-263-4205