

**ADOLPH & ROSE LEVIS JEWISH COMMUNITY CENTER  
JEWISH LEGACY ADVISORS TEAM  
MEMBERSHIP APPLICATION**

**Name:** \_\_\_\_\_ *(include: credential, license or title)*

**E-mail Address:** \_\_\_\_\_

**Profession (if applicable):**  Insurance  Banker  Accountant  Stock Broker  Wealth Management  
 Attorney: Specialty \_\_\_\_\_  Trust Officer  Other: \_\_\_\_\_

**Business Name and Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Personal Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Number of years in the field:** \_\_\_\_\_

**Birthdate mm/dd/yyyy:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Referred by (Two Levis JCC or JLAT Members Required):**

**1.** \_\_\_\_\_ **2.** \_\_\_\_\_

**Assistant's Name (if applicable):** \_\_\_\_\_

**Assistant's Phone Number:** \_\_\_\_\_

**Assistant's E-mail:** \_\_\_\_\_

Thank you for your interest in joining the Levis JCC Jewish Legacy Advisors Team (JLAT). Attached please find the Mission Statement and Guidelines for JLAT membership. Upon acceptance of these terms, please sign below on this form and return it to Cindy Bergman, Levis JCC Associate Executive Director at the address below. Your application will be reviewed in a timely manner and a membership committee member will contact you shortly.

LEVIS JCC JEWISH LEGACY ADVISORS TEAM (JLAT)  
ADOLPH & ROSE LEVIS JEWISH COMMUNITY CENTER  
ATTENTION: CINDY BERGMAN, ASSOCIATE EXECUTIVE DIRECTOR  
9801 DONNA KLEIN BOULEVARD  
BOCA RATON, FL 33428  
PHONE: (561) 852-3253 FAX: (561) 852-6019  
[cindyb@levisjcc.org](mailto:cindyb@levisjcc.org)

*I certify that I accept the requirements to be considered for membership of the Levis JCC Jewish Legacy Advisors Team and will adhere to the qualifications and responsibilities as a member.*

\_\_\_\_\_  
*Name (Please print clearly)*

\_\_\_\_\_  
*Signature / Date*

