



Joint Meeting Program Grant Application
Northern New Jersey Region- Federation of Jewish Men's Clubs

Type or print information below and return hard copy with signatures to:
Stu Kaplan 388 Edgewood Avenue, Teaneck, NJ 07666

If you have questions about the program, please contact Stu at:
201-837-8085 or stumkaplan@yahoo.com

Date of Application _____

Name of First Club _____

Name of Second Club _____

First Club President _____

Signature _____

Second Club President _____

Signature _____

Name of Speaker _____

Cost of Speaker _____

Program Topic _____

Program Location _____

Date and Time of Program _____

Cost of Program (Itemize: attach separate sheet if needed)

For Regional Use Only

Approved By _____ Date _____

Date and Number of Check Sent _____

Amount \$ _____

Comments: