



Australian Society of Polish Jews and Their Descendants Inc.

FULL MEMBERSHIP FORM

Date: \_\_\_/\_\_\_/\_\_\_

Title \_\_\_\_\_ Given Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Membership Fee: \$25 p.a.

Cheque  Cash

Taken by: \_\_\_\_\_

In making this application, I confirm that I am Jewish and aged 16 years or over as at the date of this application, and that the above details are true and correct.

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

FOR OFFICE USE ONLY

Approved  Date: \_\_\_/\_\_\_/\_\_\_