



# NORTH EASTERN JEWISH WAR MEMORIAL CENTRE INC.

## MEMBERSHIP FORM

### ABOUT YOU

SURNAME Mr/Mrs/Dr/Ms -----

GIVEN NAMES-----

HEBREW NAME-----Ben/Bat-----

ADDRESS-----

-----Post Code-----

PHONE NUMBER A.H.-----MOBILE -----

EMAIL ADDRESS -----

OCCUPATION-----B.H. -----

DATE OF BIRTH-----Indicate before / after sunset -----

COUNTRY OF BIRTH-----

DATE OF MARRIAGE-----SYNAGOGUE-----

PLEASE STATE      Kohen          Levi          Israel

Date of Bar Mitzvah----- Parsha -----

### ABOUT YOUR SPOUSE (IF APPLICABLE)

SURNAME Mr/Mrs/Dr/Ms -----

GIVEN NAMES-----

HEBREW NAME-----Ben/Bat-----

OCCUPATION-----B.H. -----

DATE OF BIRTH-----Indicate before/after sunset. -----

COUNTRY OF BIRTH-----

PLEASE STATE      Kohen          Levi          Israel

**ABOUT YOUR CHILDREN (IF APPLICABLE)**

Child's Name-----	Hebrew Name-----	Date of Birth-----
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**ABOUT YARTZEIT (IF APPLICABLE)**

Name of Deceased----- Hebrew/ English	Relationship to member-----	Civil Date of death----- A. After Sunset B. Before Sunset	Hebrew date if known
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**MEMBERSHIP TYPE**-----Family/Single/Pensioner

Membership Cost 2012-----Family \$295, Single \$150, Pensioner \$90 (plus \$50 security levy)

Date-----

Signature(s)-----

Please return the completed form to:

**N.E.J.W.M.C. Inc. P.O. Box 102 Doncaster Vic. 3108**