



BEIT OLEH AMERICA NETANYA AACI MEMBERSHIP FORM

All membership information is confidential. Beit Oleh America and AACI use it to serve you better. Please complete this form as thoroughly as possible. (Please print in block letters)

Membership rates:

Family Annual - NIS 200 Single Annual - NIS 115
Family 5 Years - NIS 750 Single 5 Years - NIS 400
Family Life - NIS 1500 Single Life - NIS 750
Special Rates for New Olim

Office use Only	
MID #:	
Membership Type:	
Amount Paid:	
Expiry Date:	
Date of Registration:	
Receipt Number:	

MALE		FEMALE	
Title (check one)	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Rabbi <input type="checkbox"/>	Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>	
Last name			
First name			
Teudat Zehut #			
Home Address			
<i>House/Flat/Entrance#</i>		<i>Street</i>	<i>Neighborhood</i>
<i>City</i>		<i>Country</i>	<i>Zip</i>
Telephone #	Fax #	Mobile #	
E-mail			
Mailing address (if different):			
<i>PO Box:</i>		<i>Zip:</i>	<i>City:</i> <i>Country:</i>

EMPLOYMENT INFORMATION

OCCUPATION	
RETIRED (Details)	
WORK PLACE	
Work phone number	
Work fax number	
E-mail	

AGREEMENT

<input type="checkbox"/> Please register me/us as member of Beit Oleh America and Canada in Netanya (#58-00-828-2)	
<input type="checkbox"/> Please register me as member of AACI (#58-00-1954-5)	
Signature:	Signature:

GENERAL INFORMATION

	MALE	FEMALE
Marital status: (check one)	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widower <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>
Date of birth:		
Place of birth: (country)		
Year of arrival in Israel:		
Year of Aliyah		
Religious affiliation (circle one)	Orthodox Conservative Reform Unaffiliated Other	Orthodox Conservative Reform Unaffiliated Other
Number of children under 18:		
Date(s) of birth:		

Are you interested in volunteering?

Please tick what interests you.

Office Administration	<input type="checkbox"/>	Office Administration	<input type="checkbox"/>
Computer	<input type="checkbox"/>	Computer	<input type="checkbox"/>
Making phone calls	<input type="checkbox"/>	Making phone calls	<input type="checkbox"/>
Library	<input type="checkbox"/>	Library	<input type="checkbox"/>
Coffee shop	<input type="checkbox"/>	Coffee shop	<input type="checkbox"/>
Advertising department	<input type="checkbox"/>	Advertising department	<input type="checkbox"/>
Programming	<input type="checkbox"/>	Programming	<input type="checkbox"/>
Music/Drama Groups	<input type="checkbox"/>	Music/Drama Groups	<input type="checkbox"/>
Other: (give details)		Other: (give details)	

Are you interested in being included in our blood donor mailing reminders?

	Yes/No	Yes/No
Emergency contacts (Israel) Name, Address, Phone number etc	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

If you live overseas, would you like to receive our monthly Newsletter?

(At \$30 per annum to cover postal costs) Yes/No

<input type="checkbox"/>
