



התאחדות עולי אמריקה וקנדה בנתניה-בית עולי אמריקה ע.ר.

BEIT OLEH AMERICA NETANYA AACI



## 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.  
(PLEASE PRINT IN BLOCK LETTERS)

### Membership rates:

Family Annual - NIS 250      Single Annual - NIS 150  
Family 5 Years - NIS 900      Single 5 Years - NIS 500  
Special Rates for New Olim

<b>Office use Only</b>	
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"/>	Mis <input type="checkbox"/>
Last name							
First name							
Teudat Zehut #							
Home Address							
House/Flat/Entrance#		Street		Neighborhood			
City		Country		Zip			
Telephone #		Fax #		Mobile #			
E-mail							
Mailing address (if different):							
PO Box:		Zip:		City:		Country:	

### EMPLOYMENT INFORMATION

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



**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		
Visa Status		
Religious affiliation (circle one)	Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other <input type="checkbox"/>	Orthodox <input type="checkbox"/> Conservative <input type="checkbox"/> Reform <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other <input type="checkbox"/>
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)	<input type="checkbox"/>	Other: (give details)	<input type="checkbox"/>

**EMERGENCY CONTACTS**

Name	
Address	
Phone number	
E-mail	

If you live overseas, would you like to receive our monthly Newsletter?  
(At \$45 per annum to cover postal costs) Yes/No

**AGREEMENT-Please tick and sign both boxes below**

<input type="checkbox"/> Please register me/us as member of Beit Oleh America and Canada in Netanya (#58-000-828-2)
<input type="checkbox"/> Please register me as member of AACI (#58-00-1954-5)
Signature/s: