



ABN 82 990 574 147

NEW SOUTH WALES JEWISH BOARD OF DEPUTIES

The Representative Organisation of NSW Jewry

ועד הקהילה היהודית ב.נ. ס.וו.

President: Jeremy Spinak

Chief Executive Officer: Vic Alhadeff



2017 MEMBERSHIP FORM

PERSON 1 SINGLE APPLICANT		PERSON 2 ADDITIONAL FAMILY MEMBER	
Title	Surname	Title	Surname
Given Name(s)		Given Name(s)	
D.O.B.	Gender	D.O.B.	Gender
Address		Address	
Postal Address		Postal Address	
Phone	Mobile	Phone	Mobile
Email		Email	

INTERESTS

- Public Affairs Social Media Volunteering Social Justice
 Education Intercultural Relations Shoah Remembrance Other:

Please tell us which other Jewish organisation(s) you are affiliated with:

MEMBERSHIP FEES (Please tick appropriate box)

SINGLE		FAMILY		SINGLE	
<input type="checkbox"/> 1 Year \$36		<input type="checkbox"/> 1 Year \$50		<input type="checkbox"/> 1 Year Concession* \$15	

* Concession applies to students and pensioners

Auto renew option

If you select this option your membership will be automatically renewed each year by debit to your nominated credit card provided the card remains valid, or to your nominated bank account. You may cancel the automatic renewal option at any time by sending an email to mail@nswjbd.com

PAYMENT OPTIONS

1. CREDIT CARD / DEBIT CARD: I / We authorise the NSW Jewish Board of Deputies to debit my / our MasterCard Visa for the amount authorised by me above:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp: <input type="text"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------

Cardholder's Name (as it appears on the card)

Cardholder's Signature

Date

2. DIRECT DEPOSIT

BSB: 082 048

Account No.: 509 137 712

Reference
(Your full name)

3. PERSONAL CHEQUE: The NSW Jewish Board of Deputies – ABN 82 990 574 147

Please post payment and form to **Suite 3, Level 2, 146 Darlinghurst Road, Darlinghurst NSW 2010**

DONATION*

I would like to make a donation of: \$

*Donations to the NSW Jewish Board of Deputies are not tax deductible

Please return this membership form to:

🏠 Suite 3, Level 2, 146 Darlinghurst Road, Darlinghurst NSW 2010 ✉ mail@nswjbd.com