



# Membership Form

To the Committee of the Jewish Cultural Centre National Library Kadimah, I am applying as:  a new member  a renewing member

Name / נאָמען \_\_\_\_\_

Address / אַדרעס \_\_\_\_\_  
\_\_\_\_\_

Phone / Mobile

טעלעפאָן / צעלקע נומער \_\_\_\_\_ / \_\_\_\_\_

Email / בליצפאָסט \_\_\_\_\_

Please find enclosed subscription for my membership for this year:

Single Member, \$36  Single Member for \_\_\_\_\_ years

Family Membership, \$65  Family Membership for \_\_\_\_\_ years

I would also like to support Kadimah by also donating:

\$50  \$100  \$250  Other amount: \$ \_\_\_\_\_

Total payment: \_\_\_\_\_

Payment type: Choose Option

Card type: Choose Option Expiry: \_\_\_\_\_ / \_\_\_\_\_

Name on Card:

Number:

**To pay by EFT:**

The Jewish Cultural Centre & National Library Kadimah,  
BSB 033 047 Account 62 2879

Reference: Please use your surname plus MB18

**OFFICE USE ONLY**

**Member Number:**

Signed: \_\_\_\_\_

Date: 16/2/2018

7 Selwyn St, Elsternwick, Victoria, Australia 3185

e: kadimahreception@gmail.com

p: +61 3 9532 7758