

APPLICATION FORM FOR CJL MEMBERSHIP

MEDIA HOUSE, 4 STRATFORD PLACE, LONDON, W1C 1AT
TEL: 020 7495 6089 FAX: 020 7495 6099

Please note that all sections must be completed in order for the application to be processed

Please mail/fax/scan to the Centre for Jewish Life

Title: _____ First Name: _____ Surname: _____
Date of Birth: _____ Nationality: _____
Marital Status: _____ Name of Spouse: _____

Home Address

House Name/Number: _____
Street: _____
City: _____ Postcode: _____ Country: _____
Telephone: _____ Mobile: _____
Fax: _____ E-mail: _____

Business Address

Company Name: _____
Company Address: _____
City: _____ Postcode: _____ Country: _____
Telephone: _____ Fax: _____
E-mail: _____ Business Sector _____

Preferred address for correspondence (circle the preferred address)

Home:

Business:

Membership Tariff

Full Member: £120 per annum

Corporate Membership (3 individuals): £300 per annum

Card Details

Type of Card: _____
Name of Card: _____
Card Number: _____
Start Date: _____ Expiry Date: _____ Issue Number: _____
Security Code: _____ Cardholder Signature: _____

All information shall be treated in the strictest of confidence

Applicants signature: _____ Date: _____

Your feedback is important to us in order to develop the CJL activities and services - so that we can provide you, the users and members, with what you want and need!... So please let us know!

The CJL is going through exciting changes and constantly evolving... so when we make changes and have updates, (eg club opening hours, services, usage or membership details) we will of course let you know!

We look forward to welcoming you @ CJL soon