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## Membership Form

Full Name \_\_\_\_\_ M/F\*

Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Mobile no. \_\_\_\_\_ Home no. \_\_\_\_\_

School \_\_\_\_\_ I attend a non-Jewish  
school and I would like to be informed about Jewish activities in my school Y/N\*

Synagogue \_\_\_\_\_

How did you hear about AJ6? \_\_\_\_\_

Please be aware that details of the applicant will be held by AJ6 on a secure database and will not be passed on to any third party.

**By signing this form you agree to the following . . .** For photographs that the applicant is in, which are taken by members of AJ6, to be held in electronic form on our website. I also give permission for photographs to be used for the promotion of AJ6 which may include newspaper publication.

Please enclose a cheque for £15 made payable to AJ6 to cover membership, please forward to the AJ6 office.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's\* signature if applicant is under 18 \_\_\_\_\_

Print name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

\* (Delete as applicable)