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Membership Form

Full Name _____ M/F*

Date of Birth _____ School Year _____

Address _____

Email address _____

Mobile no. _____ Home no. _____

School _____

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)