



**Australian Society of Polish Jews  
and their Descendants**

## MEMBERSHIP FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Please tick the relevant box.

Full Membership

Associate Membership

Membership Fee: \$25 p.a.

Cheque

Cash

Direct Debit

Request Receipt

Taken by: \_\_\_\_\_

In making this application, I confirm that the above details are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Name: Australian Society of Polish Jews and their Descendants Inc  
ANZ Elsternwick.

Sort code/routing/BSB: 013-304

Account Number: 0086-15341

FOR OFFICE USE ONLY

Approved

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Australian Society of Polish Jews  
and their Descendants**

## MEMBERSHIP RENEWAL FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Please tick the relevant box.

Full Membership

Associate Membership

Membership Fee: \$25 p.a.

Cheque

Cash

Direct Debit

Request Receipt

Taken by: \_\_\_\_\_

In making this application, I confirm that the above details are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Name: Australian Society of Polish Jews and their Descendants Inc  
ANZ Elsternwick.

Sort code/routing/BSB: 013-304

Account Number: 0086-15341

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Approved

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_