

*The Children of Jewish Holocaust Survivors Association*

**Membership Form**

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

Last Name \_\_\_\_\_

First Names \_\_\_\_\_

Please note who is 2nd Generation and maiden name if applicable

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**\$36.00 for family membership**

Additional contributions of \$18 \_\_\_\_\_ \$36 \_\_\_\_\_ \$54 \_\_\_\_\_ \$100 \_\_\_\_\_

or other \$\_\_\_\_\_ appreciated

Print & fill out this form , include any comments or suggestions.

Enclose check for \$36 made payable to **CJHSA**.

Mail to:

**CJHSA**

**P.O. Box 1127**

**Jenkintown, PA 19046**

CJHSA is a non-profit organization