CHILDREN OF JEWISH HOLOCAUST SURVIVORS ASSOCIATION

Membership Card – Please print clearly

Last_____ First_____

Address_____ Date____/___/___

City_____ State _____ Zip_____

Cell _____ Landline_____

E-mail_____ Business phone_____

Annual Membership - $36

Optional LIFETIME Membership - $360

*For official use only Year ____ Check # _____ Amount $_____ Check Da