

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 - \$36.00

Optional LIFETIME Membership - \$360.00

Additional donations are appreciated

Please make checks payable to CJHSA. Use enclosed envelope or mail to:

CJHSA

P.O. Box 342

Southampton, PA 18966

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***For official use only** Year ____/____/____ Check# _____ Amount \$ _____ Check Date ____/____/____