



Membership Application

I, Mr./Ms., First Name _____ Last Name _____,
Title (Prof., Adv. etc.) _____ would like to pay membership fees for the
year/s _____, U.S. \$100 (or equivalent in NIS) per year, Total _____
U.S. Dollars () / NIS ()

(ישראלים: נא למלא שם בעברית ובאנגלית)

Address

Home

Office

Office Name _____

Street Address _____

City _____ Postal Code _____

State _____ Country _____

E-mail _____

Phone Number _____

(ישראלים: נא למלא כתובת בעברית)

How did you hear about us?

LinkedIn Facebook Friend
Google YouTube

Payment Method: Check Visa Mastercard Amex

Expiration Date Month _____ Year _____

Credit Card Number _____

ID/Passport Number of Card Owner _____

Name on the card _____

I would like to receive news, updates and promotional material by e-mail

Cancellation Policy: According to Israeli Regulations

I agree to receive digital receipts via e-mail

Signature _____

Date _____

Please complete this form and send it to our offices by e-mail, fax or post

Members who wish to appear in our directory of lawyers are welcome to contact us at: avraham@ijl.org

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