

Membership Application Form
Theresienstadt Martyrs Remembrance Association
Please print this page, fill and send.

To:

**Beit Theresienstadt,
Kibbutz Givat Haim Ihud
Emek Hefer 38935
Israel**

From: _____ .
Last Name First Name

Address: _____
Street & Number City ZIP Code Country

My Membership request's reason [mark X]:

- I was a prisoner in Ghetto Theresienstadt
 Members of my family were among Ghetto's prisoner
(Parents / Grand-parents / Other)
 Other reason: _____

Please send me the Newsletters in [mark X]:

- Hebrew English Any other Associations's publication

If different to the address above, please indicate other mailing address:

Address: _____
Street & Number City ZIP Code Country

Enclosed a Cheque of _____ USD for annual membership fees
(Single - 70 USD Couple - 100 USD)

I hereby request to join the "Theresienstadt Martyrs Remembrance Association" as an equal rights member, as described in the association's policies.

Date

Signature