



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)

Payment Method:

Visa ☐

Mastercard ☐

Amex ☐

Expiration Date Month _____ Year _____

Credit Card Number _____

ID/Passport Number of Card Owner _____

Name on the card _____

Cancellation Policy: According to Israeli Regulations

I agree to receive digital receipts via e-mail ☐

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

I wish to appear on IJL's directory of lawyers ☐

Signature _____

Date _____

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

office@ijl.org | www.ijl.org

THE INTERNATIONAL ASSOCIATION OF JEWISH LAWYERS AND JURISTS (R.A)
10 DANIEL FRISCH St. TEL-AVIV 6473111 | Tel: 972-3-6910673 Fax: 972-3-6953855