

ADATH EMANU-EL FEDERATED TEMPLE YOUTH

205 Elbo Lane
Mt. Laurel, NJ 08054
856-608-1200

AEFTY MEMBERSHIP APPLICATION FOR 2010-2011 For Grade 9-12

Please check one:

Dues: \$30.00 for Synagogue members.

Dues: \$40.00 for non-Synagogue members.

I, _____ (parent/guardian) give permission for my child,
_____, to participate in AEFTY activities, and to be
transported to certain events by selected chaperone during the 2010-2011 year.

I WOULD ___/WOULD NOT ___ be interested in attending youth group events as a chaperone.

Signature of member

Date

Signature of parent

Date

PLEASE COMPLETE THE FOLLOWING:

Name: _____

Address: _____

City/State/Zip: _____

Applicant's Email: _____

Parent's Email: _____

Home Phone: _____ Applicant's Cell Phone _____

Grade: _____ Age: _____ Birthday: _____

Check here if you do not want your child's picture to appear on our website or in AEFTY/Adath Emanu-El printed media.

Please return this application with annual dues to the Synagogue Office or to:

AEFTY
205 Elbo Lane
Mt. Laurel, NJ 08054
(checks payable to AEFTY)