

# ADATH EMANU-EL FEDERATED TEMPLE YOUTH

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

## AEFTY-JR MEMBERSHIP APPLICATION FOR 2011-2012

For Grade 7-8

Please check one:

Dues: \$18.00 for Synagogue members.

Dues: \$25.00 for non-Synagogue members.

I, \_\_\_\_\_ (parent/guardian) give permission for my child,  
\_\_\_\_\_, to participate in AEFTY-JR activities, and to be  
transported to certain events by selected chaperone during the 2011-2012 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: \_\_\_\_\_ **Parent's** Cell Phone \_\_\_\_\_ May we text you? \_\_\_\_\_

**Applicant's** Cell Phone \_\_\_\_\_ May we text you? \_\_\_\_\_

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-JR)