

# MEMBERSHIP FORM

## ASSOCIATION OF ORTHODOX JEWISH TEACHERS OF THE NEW YORK CITY PUBLIC SCHOOLS

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**\*A.O.J.T. IS THE ONLY ORGANIZATION REPRESENTING ALL JEWISH PERSONNEL AND STUDENTS IN THE NEW YORK CITY PUBLIC SCHOOL SYSTEM.**

### SECTION A

Name \_\_\_\_\_ **DATE** \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ (must be included)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (must be included)

Home Phone \_\_\_\_\_ New Address  New Member

E-Mail Address (PLEASE PRINT CLEARLY) \_\_\_\_\_

### SECTION B

Enclosed please find donation as checked for year September 1, 2014 – August 31, 2015

- |                                                               |                                                                  |
|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> \$ 25.00 (any Dept. of Ed. Employee) | <input type="checkbox"/> \$180.00 Life Membership (Individual)   |
| <input type="checkbox"/> \$ 40.00 (Husband & Wife)            | <input type="checkbox"/> \$275.00 Life Membership (Husband/Wife) |
| <input type="checkbox"/> \$ 15.00 (Retired person)            | <input type="checkbox"/> \$ _____ Donation for A.O.J.T. Programs |

### SECTION C

It is very important that you answer the following questions. There are numerous problems we are faced with and often we must use you as a resource person and seek your advice.

Do you work for the New York City Department of Education?  Yes  No

What is your position? \_\_\_\_\_

I am a Life Member  Are you retired?  Yes  No

I would like to be notified of singles' events?  Yes  No

Is this a new school for you?  Yes  No

In what school do you work? \_\_\_\_\_ District \_\_\_\_\_ Boro \_\_\_\_\_ No. \_\_\_\_\_

Are you a classroom teacher?  Yes  No

What subject or grade? \_\_\_\_\_

Are you in Special Ed?  Yes  No

What position? \_\_\_\_\_

Are you a Supervisor?  Yes  No

Title? \_\_\_\_\_

Are you in guidance or another specialized area? Details over.  Yes  No

I would like to tutor (subject & grade) \_\_\_\_\_

### SECTION D

I am my School Representative  Yes  No

I would like to be my School Representative  Yes  No