

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 dues/donation:

- | | |
|---|--|
| <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