



**the florence melton
adult mini-school**

A Project of The Hebrew University of Jerusalem



International Alumni Association Membership Form

Name _____

Spouse Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____

E-mail _____

Your Local Mini-School _____ Year graduated _____

Indicate Level of Membership:

<input type="checkbox"/> Founder Individual	\$1800. USD
<input type="checkbox"/> Founder Couple	\$3000. USD
<input type="checkbox"/> Supporter Individual	\$720. USD
<input type="checkbox"/> Supporter Couple	\$1400. USD
<input type="checkbox"/> I am able to contribute a larger donation in the following amount	\$ _____

Indicate Method of Payment:

Check (payable to *Florence Melton Adult Mini-School*)

Credit card Visa MasterCard American Express

Card number _____ Exp. Date _____

Installments:

Founder (over a three-year period)

Supporter (over a two-year period)

- Please mail or fax* this form with check or credit card payment.
- **Please call the North American office to let us know a fax has been sent.**

Florence Melton Adult Mini-School
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Tel 877. 263.5866 x 303 Fax 847.714.9855*