



Membership Application Form

For office use only

Membership No.: _____.

Branch Membership: Jerusalem
 Ramallah
 Jericho

Section A Personal Information

Membership Status: *New* *Existing:* _____(membership number)

If you have been a previous member, when and for how long? _____.

Title: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Home Address: _____

Postal Address: _____

Phone Number: _____

E-Mail Address: _____

Section B Employment Information

Job Title: _____

Job Address: _____

Phone Number: _____

Fax Number: _____

Section C Special skills, interests, and attractions:

What attracts you to become a YWCA member?

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What do you know about the institution?

-
-

List any special skills or interests you have.

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We would appreciate any suggestions for the future:

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-
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Section D Family Members

Are any of your family members a YWCA member? Yes No

If yes, please mention their names below and the date they joined.

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Section E Membership Fee

Jerusalem Membership:	100 NIS	
Ramallah Membership:	70 NIS	(Please select your preferred membership branch)
Jericho Membership:	50 NIS	

Section F References

Provide three references who know you well, or who can recommend you to become a member:

Name: _____
Phone: _____
Email: _____

Name: _____
Phone: _____
Email: _____

Name: _____
Phone: _____
Email: _____

Section G Obligation and Certificate

I, the undersigned _____, hereby confirm that the information provided is, to the best of my knowledge, true. I agree to comply with the constitution and bylaws of the YWCA of Palestine. I will do my best to promote the interests of this association for the duration of my membership.

Signature of applicant: _____

Date: _____

Please complete this form, include your membership fee, and send it to the YWCA National Office by mail at P.O. Box 20044, East Jerusalem or drop it at your preferred membership branch. For any questions, concerns, or inquiries, please contact us.

Contact Information:

YWCA of Palestine
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