

APPLICATION FOR MEMBERSHIP OF PARENTS AND FRIENDS OF  
YESHIVAH MELBOURNE INCORPORATED.

I \_\_\_[NAME]\_\_\_\_\_

of \_\_\_[ADDRESS]\_\_\_\_\_

PHONE  
NUMBER\_\_\_\_\_

EMAIL  
ADDRESS\_\_\_\_\_

I hereby apply to be a member of Parents and Friends of Yeshivah Melbourne Incorporated.

I support the purposes of the Association.

I agree to comply with the Rules of the Association.

I request that my membership be kept private and confidential [ ] please tick.

**AFFILIATION:**

(please tick)

- YBR/Teacher
- YBR other staff
- Yeshivah Shule or associated minyanim
- YBR Parent of student
- Alumni [name school/year completion]\_\_\_\_\_

Signature of the Applicant

Date