

The Hebrew University Alumni Association – UK Registration Form

Please complete in BLOCK CAPITALS:

Full name: _____

Surname at HU (if different): _____

Gender: M / F Date of birth: _____

ID number (for Israelis only): _____

Address: _____

City: _____ Postcode: _____

E-mail: _____

Tel: _____

Mobile: _____

Business Info: Company: _____

Title: _____

Business Tel: _____

I studied at: Rothberg Hebrew University Melton

Graduation year: _____

Which programme did you participate in?

Summer Gap Year MA BA PhD

Ulpan Other _____

**YES! I WOULD BE INTERESTED IN VOLUNTEERING
FOR THE ALUMNI ASSOCIATION**

**We need your help! Do you know of any other HU
Alumni? Please add their contact details below:**

Please tell us your areas of interest:

Finance Arts Media Environment Politics

Medicine/Science Other _____

*BFHU takes data protection very seriously and will not pass your
details on to other organisations.*