

B'NAI B'RITH HILLEL COUNSELLORSHIP
UNIVERSITY OF CINCINNATI

This is to certify that



Name _____

Address _____

is registered with B'nai B'rith Hillel at the
University of Cincinnati for the academic year

Registration Fee Paid
\$2.00

Pres. _____

Counselor _____

INFORMATION CARD

FOR HILLEL FILES

Please fill out & return

Yr. of graduation _____

Phone No. _____

Name _____
Last First

College _____

Major _____

Address _____

Parent's Name _____

Address _____

I was ☐ was not ☐ affiliated with Hillel at U. C. last year.

I have been a Hillel member at _____
other schools

ACTIVITY CARD

FOR HILLEL FILES

Please fill out card & return

Name _____ Phone No. _____

Address _____

I would like to participate in the following activities:

☐ Cultural

Forums

Seminars

Panel Discussions

☐ Dramatics & Radio

Acting

Writing

Directing

☐ Freshman Advisory

☐ Membership

☐ Hebrew Speaking

☐ Inter-faith

☐ Intercollegiate Zionist
Federation of America

☐ Music

Record concerts

Hebrew folk songs

Choral Group

Social Dancing

(over)