

Date: _____

**AGREEMENT
NOTICE OF CHANGES**

I, (Last Name, First Name) _____,
a participant of Bnai Zion Scientists Division Job Orientation and Terminology classes, promise to notify in writing Bnai Zion Scientists Division within thirty (30) days of any change in my address, telephone number, employment status, salary, employer's name and/or location.

I understand that this information will be confidential and is to be used only for statistical purposes to support the Bnai Zion Scientists Division Job Orientation and Terminology Program.

Signature: _____

Social Security Number: _____

For Office Use:

Class Specialty: _____

Term: _____

One copy: to participant



Bnai Zion Scientist Division
136 East 39th Street,
New York, NY 10016
212 725 1211, ext. 245

www.bnaizion.org
larisa.akerman@bnaizion.org