



# Beit Or v'Shalom Inc

13 KOOLATAH STREET CARINA QLD 4152

Internet: [www.beitorvshalom.org.au](http://www.beitorvshalom.org.au)

Email: [sec@beitorvshalom.org.au](mailto:sec@beitorvshalom.org.au)



ABN: 97 270 769 712

## Associate<sup>(1)</sup> APPLICATION

### Applicant information

Title (Prof/Dr/Mr/Mrs/Ms):

Surname:

First name/s:

Date of birth:

Residential address:

Town:

State:

Postcode:

Postal address (if different from residence):

Town:

State:

Postcode:

Home phone:

Work phone:

Fax:

Mobile:

Email:

### Spouse / Partner information

Title (Prof/Dr/Mr/Mrs/Ms):

Surname:

First name/s:

Hebrew name: (if applicable)

Date of birth:

Hebrew date: (if applicable)

Home phone:

Work phone:

Fax:

Mobile:

Email:

Address (if different from above):

Town:

State:

Postcode:

Children under the age of 18		
1. Child name:		Hebrew name: (if applicable)
Date of birth:		
2. Child name:		Hebrew name: (if applicable)
Date of birth:		
3. Child name:		Hebrew name: (if applicable)
Date of birth:		
Two Jewish Referees		
#1. Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	
First name/s:		
Residential address:		
Town:	State:	Postcode:
Home phone:		Mobile:
Email:		
#2. Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	
First name/s:		
Residential address:		
Town:	State:	Postcode:
Home phone:		Mobile:
Email:		

REASON for Application:
I would like to be an Associate of Beit Or v'Shalom Inc because:

<b>Interests (optional)</b>
<b>What is an Associate of Beit Or v'Shalom? <sup>(1)</sup></b>
An Associate is a person that is not of the Jewish Faith but wishes to support the Jewish Faith and the Synagogue. They are not Members of the Congregation and have no voting rights.
<b>Associate requested (please indicate)</b>
<input type="checkbox"/> Individual (full year rate is \$150 for 2018-19)

Family (full year rate is \$200 for 2018-19)

Pay by electronic funds transfer: Y / N                      Pay by monthly                      Cheque: Y / N

Instalments: Y / N

*Please note that any hardship circumstances may be taken into account on application. A pro rata fee, if applicable, will be advised on successful application. Please let us know if you have any concerns; details of your circumstances will remain confidential.*

**DECLARATION**

I/We declare that I/we support the Jewish Faith and that if this application is accepted, I/we agree to be bound by the Constitution, rules and regulations of Beit Or v'Shalom Incorporated. I/We acknowledge that Beit Or v'Shalom Inc currently holds public liability insurance. I/We acknowledge that as Associates I/we have no voting rights.

Signature:

Date:

Signature:

Date:

*Please return the completed application form to The Hon Secretary, Beit Or v'Shalom Inc. 13 Koolatah Street Carina Qld 4152 or email to [sec@beitorvshalom.org.au](mailto:sec@beitorvshalom.org.au). If accepted, an invoice will be issued with the confirmation of the success of your application.*