

Beit Or v'Shalom Inc

13 KOOLATAH STREET CARINA QLD 4152



Internet: www.beitorvshalom.org.au
Email: sec@beitorvshalom.org.au

ABN: 97 270 769 712

ASS	OC	IATE (1)	APPLICA	ATIO	N
APPLICANT information					
Title (Prof/Dr/Mr/Mrs/Ms):	Surname:		Date of birth:		
First name/s:		Hebrew name: (if applicable)			
Residential address:					
Town:		State:		Postcode:	
Postal address (if different from	m resi	dence):			
Town:		State:		Postcode:	
Home Phone:	Work Phone:		e:	Mobile:	
Email:	·				
Spouse/Partner information					
Title (Prof/Dr/Mr/Mrs/Ms):	Surname:		Date of birth:		
First name/s:			Hebrew name: (if applicable)		ben/bat
Residential address:					
Town:		State:		Postcode:	
Postal address (if different from	m resi	dence):			
Town:			State:		Postcode:
Home Phone:		Work Phon	e:	Mobile:	
Email:					

Children under the age of 18	Hebrew Names if Jew	vish
1. Child name:	Hebrew name: (if applicable)	ben/bat
Date of birth:	Hebrew date: (if applicable)	
Bar/Bat Mitzvah: Y/N Date: (if applicable)	Synagogue:	
2. Child name:	Hebrew name: (if applicable)	ben/bat
Date of birth:	Hebrew date: (if applicable)	
Bar/Bat Mitzvah: Y/N Date: (if applicable)	Synagogue:	
3. Child name:	Hebrew name: (if applicable)	ben/bat
Date of birth:	Hebrew date: (if applicable)	
Bar/Bat Mitzvah: Y/N Date: (if applicable)	Synagogue:	
Two Jewish Referees		
#1. Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	
First name/s:	Hebrew name:	ben/bat
Residential address:		
Town:	State:	Postcode:
Home phone:	Mobile:	
Email:		
#2. Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	
First name/s:	Hebrew name:	ben/bat
Residential address:		
Town:	State:	Postcode:
Home phone:	Mobile:	
Email:		
REASON for Application		
I would like to be an Associate of Beit Or v'Sha	lom Inc because:	

Interests (optional)
What is an Associate of Beit Or v'Shalom? (1)
An Associate is a person who is either of the Jewish faith and wants to support the Synagogue but not become a voting member OR not of the Jewish faith but wishes to support the Jewish faith and the Synagogue. An Associate is NOT a voting member of the congregation. Associates receive the same discounts for functions etc as members.
Associate requested (please indicate)
Individual (full year rate is \$250 for 2023-24)
Family (full year rate is \$300 for 2023-24)
Pay by electronic funds transfer: 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 an Associate I/we have no voting rights. I / We acknowledge that by applying to join Beit Or v'Shalom Inc., I /We hereby declare my/our support for and recognition of the state of Israel as the Jewish homeland.
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 $\underline{sec@beitorvshalom.org.au}$. If accepted, an invoice will be issued with the confirmation of the success of your application.

Yahrzeit information (optional and if applicable)

(Parents / close relatives)

Hebrew name:

#1. Name:		Date:
	Before Sunset:	After Sunset:
Hebrew name:		Hebrew date:
Relationship:		
#2. Name:		Date:
	Before Sunset:	After Sunset:
Hebrew name:		Hebrew date:
Relationship:		
#3. Name:		Date:
	Before Sunset:	After Sunset:
Hebrew name:		Hebrew date:
Relationship:		
#4. Name:		Date:
	Before Sunset:	After Sunset:
Hebrew name:		Hebrew date:
Relationship:		
#5. Name:		Date:
	Before Sunset:	After Sunset:
Hebrew name:		Hebrew date:

Signature:

Your name:

Date: