



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

ASSOCIATE ⁽¹⁾ APPLICATION

APPLICANT information

Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	Date of birth:
First name/s:	Hebrew name: <small>(if applicable)</small>	ben/bat
Residential address:		
Town:	State:	Postcode:
Postal address (if different from residence):		
Town:	State:	Postcode:
Home Phone:	Work Phone:	Mobile:
Email:		

Spouse/Partner information

Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	Date of birth:
First name/s:	Hebrew name: <small>(if applicable)</small>	ben/bat
Residential address:		
Town:	State:	Postcode:
Postal address (if different from residence):		
Town:	State:	Postcode:
Home Phone:	Work Phone:	Mobile:
Email:		

Children under the age of 18		Hebrew Names if Jewish	
1. Child name:		Hebrew name:	ben/bat
		(if applicable)	
Date of birth:		Hebrew date:	
		(if applicable)	
Bar/Bat Mitzvah: Y/N Date: (if applicable)		Synagogue:	
2. Child name:		Hebrew name:	ben/bat
		(if applicable)	
Date of birth:		Hebrew date:	
		(if applicable)	
Bar/Bat Mitzvah: Y/N Date: (if applicable)		Synagogue:	
3. Child name:		Hebrew name:	ben/bat
		(if applicable)	
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'Shalom 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

Pay by monthly 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 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 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)

Your name:

Hebrew name:

Your Spouse / Partner's name:

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:	
Relationship:			

Signature:

Date:

Office Use:

Recommended by the Rabbi

YES

NO

Rabbi Signature

Date Received Invoice No/Date..... Paid Date