



# 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

<b>Title (Prof/Dr/Mr/Mrs/Ms):</b>	<b>Surname:</b>	<b>Date of birth:</b>
-----------------------------------	-----------------	-----------------------

<b>First name/s:</b>	<b>Hebrew name:</b> <small>(if applicable)</small>	ben/bat
----------------------	---	---------

**Residential address:**

<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>
--------------	---------------	------------------

**Postal address (if different from residence):**

<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>
--------------	---------------	------------------

<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Mobile:</b>
--------------------	--------------------	----------------

**Email:**

### Spouse/Partner information

<b>Title (Prof/Dr/Mr/Mrs/Ms):</b>	<b>Surname:</b>	<b>Date of birth:</b>
-----------------------------------	-----------------	-----------------------

<b>First name/s:</b>	<b>Hebrew name:</b> <small>(if applicable)</small>	ben/bat
----------------------	---	---------

**Residential address:**

<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>
--------------	---------------	------------------

**Postal address (if different from residence):**

<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>
--------------	---------------	------------------

<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Mobile:</b>
--------------------	--------------------	----------------

**Email:**

Children under the age of 18		Hebrew Names if Jewish	
<b>1. Child name:</b>	<b>Hebrew name:</b> (if applicable)	ben/bat	
<b>Date of birth:</b>	<b>Hebrew date:</b> (if applicable)		
Bar/Bat Mitzvah: Y/N Date: (if applicable)		Synagogue:	
<b>2. Child name:</b>	<b>Hebrew name:</b> (if applicable)	ben/bat	
<b>Date of birth:</b>	<b>Hebrew date:</b> (if applicable)		
Bar/Bat Mitzvah: Y/N Date: (if applicable)		Synagogue:	
<b>3. Child name:</b>	<b>Hebrew name:</b> (if applicable)	ben/bat	
<b>Date of birth:</b>	<b>Hebrew date:</b> (if applicable)		
Bar/Bat Mitzvah: Y/N Date: (if applicable)		Synagogue:	
Two Jewish Referees			
<b>#1. Title (Prof/Dr/Mr/Mrs/Ms):</b>		<b>Surname:</b>	
First name/s:		Hebrew name: ben/bat	
Residential address:			
Town:		State:	Postcode:
Home phone:		Mobile:	
Email:			
<b>#2. Title (Prof/Dr/Mr/Mrs/Ms):</b>		<b>Surname:</b>	
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? <sup>(1)</sup>**

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 2022-23)
- Family (full year rate is \$300 for 2022-23)

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.

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.*

## Yahrzeit information *(optional and if applicable)*

### (Parents / close relatives)

**Your name:**

**Hebrew name:**

**Your Spouse / Partner's name:**

**Hebrew name:**

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

Signature:

Date: