



# 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:

Hebrew name: (if applicable)

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**

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

<b>REASON for Application:</b>
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 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.
<b>Associate requested (please indicate)</b>
<input type="checkbox"/> Individual (full year rate is \$250 for 2021-22)
<input type="checkbox"/> Family (full year rate is \$400 for 2021-22)

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 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*