



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

MEMBERSHIP / ASSOCIATE ⁽¹⁾ Family APPLICATION

MEMBER APPLICANT information

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

ASSOCIATE APPLICANT - (Spouse/Partner) information

Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	Date of birth:
First name/s:		
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	
Date of birth:	Hebrew date:		
Bar/Bat Mitzvah: Y/N Date:		Synagogue:	
2. Child name:	Hebrew name:	ben/bat	
Date of birth:	Hebrew date:		
Bar/Bat Mitzvah: Y/N Date:		Synagogue:	
3. Child name:	Hebrew name:	ben/bat	
Date of birth:	Hebrew date:		
Bar/Bat Mitzvah: Y/N Date:		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:			
Documentation / Proof of Jewishness <i>(please attach scanned relevant copy)</i>			
Brit Certificate Y / N	Bar/Bat Mitzvah Certificate Y / N	Ketubah Y / N	
Conversion Certificate (Giur) Y / N		Date of Conversion:	
Place/Synagogue:		Rabbinat:	
Other (please specify):			

Previous membership with a Jewish congregation		
Name of Synagogue:		
Address:		
Town:	State:	Postcode:
Rabbi:	Phone Number:	
Email:		
Approximate period of membership: / / to / /		
Reason for leaving:		
Interests (optional)		
<input type="checkbox"/> Lay service leader	<input type="checkbox"/> Adult education	
<input type="checkbox"/> Torah reading	<input type="checkbox"/> Social events & fundraising	
<input type="checkbox"/> Musical skills	<input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Cheder teaching		

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.

Membership / Associate FEES

Member/Associate Family package	Per Year	\$495.00
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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 of Member

I / We declare that I / we are of Jewish Faith and that if this membership application is accepted, I / we agree to be bound by the Constitution, rules and regulations of Beit Or v'Shalom Incorporated.

I / We enclose copies of our documentation for proof of Jewishness to assist in the processing of this application.

I / We acknowledge that Beit Or v'Shalom Inc currently holds public liability insurance.

Signature:

Date:

DECLARATION of Associate

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:

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)*

(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: