



# 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

## MEMBERSHIP / ASSOCIATE<sup>(1)</sup> Family APPLICATION

### MEMBER 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>	ben/bat
<b>Residential address:</b>		
<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Postal address (if different from residence):</b>		
<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Mobile:</b>
<b>Email:</b>		

### ASSOCIATE APPLICANT - (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>Residential address:</b>		
<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Postal address (if different from residence):</b>		
<b>Town:</b>	<b>State:</b>	<b>Postcode:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Mobile:</b>
<b>Email:</b>		

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)**

- Lay service leader
- Torah reading
- Musical skills
- Cheder teaching

- Adult education
- Social events & fundraising
- Other (please specify):

**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.

*Membership / Associate FEES*

<input type="checkbox"/>	Member/Associate Family package	Per Year	\$495.00
<input type="checkbox"/>	Mem/Assoc. Family Distance package	Per Year	\$325.00

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.

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:

**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.

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:

*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)*

## (Parents / close relatives)

**Your name:**

**Hebrew name:**

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

**Hebrew name:**

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

Signature:

Date:

Office Use:

YES

Recommended by the Rabbi

NO

Rabbi Signature .....

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