



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 APPLICATION

Applicant information

Title (Prof/Dr/Mr/Mrs/Ms): Surname:

First name/s: Hebrew name: ben/bat

Date of birth: Hebrew date of birth:

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: ben/bat

Date of birth: Hebrew date:

Home phone: Work phone:

Fax: Mobile:

Email:

Address (if different from above):

Town: State: Postcode:

| Children under the age of 18 | | |
|--------------------------------------------------------------------------|------------------------------------------|----------------------|
| 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 (please attach relevant copy) | | |
| Brit Certificate Y / N | Bar/Bat Mitzvah Certificate Y / N | Ketubah Y / N |
| Conversion Certificate (Giur) Y / N | Date of Conversion: | |
| Place/Synagogue: | Rabbinate: | |
| Other (please specify): | | |

| Previous membership with a Jewish congregation | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------|
| Name of Synagogue: | | |
| Address: | | |
| Town: | State: | Postcode: |
| Rabbi: | | Phone number: |
| Fax: | | 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 | | |
| Membership requested (please indicate) | | |
| <input type="checkbox"/> Individual membership (full year rate for 2019/20 is \$295) | | |
| <input type="checkbox"/> Distance (living at least 60km from Beit Or v'Shalom) Individual membership (full year rate for 2019/20 is \$125) | | |
| <input type="checkbox"/> Family membership (full year rate for 2019/20 is \$495) | | |
| <input type="checkbox"/> Distance (living at least 60km from Beit Or v'Shalom) Family membership (full year rate for 2019/20 is \$225) | | |

Pay by electronic funds transfer: Y / N Pay by monthly instalments: Y / N Cheque: 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. We also offer a subsidised Distant Membership for those members unable to attend regular services and events due to distance. Please let us know if you have any concerns; details of your circumstances will remain confidential.

DECLARATION

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:

Signature:

Date:

Please return the completed membership application form and attachments 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 your membership.

Yahrzeit information *(optional)*

(Parents / close relatives)

Your name:

Hebrew name:

Your Spouse / Partner's name:

Hebrew name:

#1. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

#2. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

#3. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

#4. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

#5. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

Signature:

Date: