



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 2020/21 is \$295)		
<input type="checkbox"/> Distance (living at least 60km from Beit Or v'Shalom) Individual membership (full year rate for 2020/21 is \$125)		
<input type="checkbox"/> Family membership (full year rate for 2020/21 is \$495)		
<input type="checkbox"/> Distance (living at least 60km from Beit Or v'Shalom) Family membership (full year rate for 2020/21 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:	
	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: