



# 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 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:

<b>Children under the age of 18</b>		
<b>1. Child name:</b>	Hebrew name:	ben/bat
Date of birth:	Hebrew date:	
Bar/Bat Mitzvah: Y / N Date:	Synagogue:	
<b>2. Child name:</b>	Hebrew name:	ben/bat
Date of birth:	Hebrew date:	
Bar/Bat Mitzvah: Y / N Date:	Synagogue:	
<b>3. Child name:</b>	Hebrew name:	ben/bat
Date of birth:	Hebrew date:	
Bar/Bat Mitzvah: Y / N Date:	Synagogue:	
<b>Two Jewish Referees</b>		
<b>#1. Title (Prof/Dr/Mr/Mrs/Ms):</b>	<b>Surname:</b>	
First name/s:	Hebrew name:	ben/bat
Residential address:		
Town:	State:	Postcode:
Home phone:	Mobile:	
Email:		
<b>#2. Title (Prof/Dr/Mr/Mrs/Ms):</b>	<b>Surname:</b>	
First name/s:	Hebrew name:	ben/bat
Residential address:		
Town:	State:	Postcode:
Home phone:	Mobile:	
Email:		
<b>Documentation / Proof of Jewishness (please attach relevant copy)</b>		
<b>Brit Certificate Y / N</b>	<b>Bar/Bat Mitzvah Certificate Y / N</b>	<b>Ketubah Y / N</b>
<b>Conversion Certificate (Giur) Y / N</b>	<b>Date of Conversion:</b>	
<b>Place/Synagogue:</b>	<b>Rabbinat:</b>	
<b>Other (please specify):</b>		

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"/> <b>Individual membership</b> (full year rate for 2018/19 is \$250)		
<input type="checkbox"/> Distance (living at least 60km from Beit Or v'Shalom) <b>Individual membership</b> (full year rate for 2018/19 is \$125)		
<input type="checkbox"/> <b>Family membership</b> (full year rate for 2018/19 is \$450)		
<input type="checkbox"/> Distance (living at least 60km from Beit Or v'Shalom) <b>Family membership</b> (full year rate for 2018/19 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](mailto: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: