



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:	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:		

Spouse/Partner 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:		

Children under the age of 18		Hebrew Names	
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:		Rabbinate:	
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 <i>(optional)</i>		
<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)*

- Individual membership** (full year rate for 2023/24 is \$395)
- Individual Family membership (parent with children) (full year rate for 2023/24 is \$495)
- Distance** (living at least 60km from Beit Or v'Shalom) **Individual membership** (full year rate for 2023/24 is \$225)
- Family membership** (full year rate for 2023/24 is \$595)
- Distance** (living at least 60km from Beit Or v'Shalom) **Family membership** (full year rate for 2023/24 is \$325)
- Individual Student** membership (full year rate for 2023/24 is \$295)

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. 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.

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:

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:

Office Use:

YES

Recommended by the Rabbi

NO

Rabbi Signature

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