



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: | | |
| 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 (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)

- Individual membership** (full year rate for 2022/23 is \$395)
- Individual Family membership** (parent with children) (full year rate for 2022/23 is \$495)
- Distance** (living at least 60km from Beit Or v'Shalom) **Individual membership** (full year rate for 2022/23 is \$225)
- Family membership** (full year rate for 2022/23 is \$595)
- Distance** (living at least 60km from Beit Or v'Shalom) **Family membership** (full year rate for 2022/23 is \$325)
- Individual Student membership** (full year rate for 2022/23 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.

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: