

Office Use:

Date Received: \_\_\_\_\_

Rabbi Authorised: \_\_\_\_\_ Date: \_\_\_\_\_

Board Approved  Board Not Approved Date: \_\_\_\_\_

Entered Database  Documents Sited  Invoiced  Payment received

Caulfield Shule

Membership

Application Form



CAULFIELD SHULE

CONNECTING OUR COMMUNITY

*Membership only applies to applicant*

**Applicant Details**

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Rabbi		
Surname:		Maiden Name:
Given Name/s:		Preferred Name:
Address:		Suburb: Postcode:
Hebrew Name: (Eg Yaacov ben Shmuel)		Father's & Mother's Hebrew Names: (Eg Yaacov ben Shmuel)
Tribe: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel		Occupation/School:
Email:		Phone(H):
Phone(B):		Mobile(M):
Date of Birth:	Time: Before/After Sunset	Place of Birth: (Town & Country)
Hebrew Date:		Date of adoption: (if applicable)
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged <input type="checkbox"/> Remarried/Partnered		
Marriage details: Place?		Date: Rabbi:

**Billers Details:**

Applicant  Other: \_\_\_\_\_ Mob: \_\_\_\_\_

Email: \_\_\_\_\_

**Spouse/Partner**

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Rabbi		
Surname:		Maiden Name:
Given Name/s:		Preferred Name:
Address:		Suburb: Postcode:
Hebrew Name: (Eg Yaacov ben Shmuel)		Father's & Mother's Hebrew Name: (Eg Yaacov ben Shmuel)
Tribe: <input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Israel		Occupation/School:
Email:		Phone(H):
Phone(B):		Mobile(M):
Date of Birth:	Time of Birth: Before/After Sunset	Place of Birth: (Town & Country)
Hebrew Date:		Date of adoption: (if applicable)

Please provide copies of the following: (as applicable)

Your Ketubah  Your Parents Ketubah  Birth Certificate  Certificate of Conversion  Copy of Gett



Seats		
<input type="checkbox"/> Request for Main Shule	<input type="checkbox"/> Request for Or Chadash	<input type="checkbox"/> Request for Sukiert Hall

Child 1:	
Full Name:	Hebrew Name:
Date of Birth:                      Time of Birth: Bar/Bat Mitzvah Date:	School:
Phone (M):	Email:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged <input type="checkbox"/> Remarried/Partnered	

Child 2:	
Full Name:	Hebrew Name:
Date of Birth:                      Time of Birth: Bar/Bat Mitzvah Date:	School:
Phone (M):	Email:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged <input type="checkbox"/> Remarried/Partnered	

Child 3:	
Full Name:	Hebrew Name:
Date of Birth:                      Time of Birth: Bar/Bat Mitzvah Date:	School:
Phone (M):	Email:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Engaged <input type="checkbox"/> Remarried/Partnered	

If your children are over 18 years old may we contact them?    Y     N

Yahrzeits			
English/Hebrew Name	Relationship to Applicant	Date of Death	Before or After sunset
_____ First Name                                      Last Name	_____ Relationship	_____ DD/MM/YY	<input type="checkbox"/> Before <input type="checkbox"/> After
_____ First Name                                      Last Name	_____ Relationship	_____ DD/MM/YY	<input type="checkbox"/> Before <input type="checkbox"/> After
_____ First Name                                      Last Name	_____ Relationship	_____ DD/MM/YY	<input type="checkbox"/> Before <input type="checkbox"/> After
_____ First Name                                      Last Name	_____ Relationship	_____ DD/MM/YY	<input type="checkbox"/> Before <input type="checkbox"/> After

**To be completed by one referee (known to the applicant) who is a member of Caulfield Shule:**

I,.....,of.....  
....., am a member of Caulfield Shule and have  
been a member for more than 1 year, I wish to nominate  
Mr/Mrs/Ms.....I have known  
him/her for..... months/years and know him/her to be of good character.

Signed:.....                      Dated:.....

## Consent

Once the Rabbi approves the application, it will be presented to the Board for approval.

I, \_\_\_\_\_ of \_\_\_\_\_ being a member of the Jewish Faith according to Halacha and having attained the age of eighteen years, hereby apply for membership of Caulfield Hebrew Congregation, according to the provisions of the Constitution Rule Nos. 5-8 as stated below:

5. "Any Jew according to Halacha who has attained the age of eighteen years shall be eligible to apply for membership of the Congregation.

8. (1) Every application for membership of the Congregation shall be in writing, signed by the Applicant, on such form as prescribed from time to time by the Board. The application shall be delivered to the Secretary for submission to the Board at its next ordinary meeting.

8.(2) Upon submission of an application as aforesaid the Board shall be entitled to accept, reject or defer consideration of such application until such time and upon such terms as the Board may in its absolute discretion determine."

I agree to be bound by all the rules and provisions of the Constitution of Caulfield Hebrew Congregation.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Rabbi sighted all documents and approved:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Date:** \_\_\_\_\_