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ABN: 55 2 03 600 905

## Membership Form

NAME: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Home, Work, Mobile: \_\_\_\_\_

	ADULT 1*	ADULT 2
Family Name		
Title		
Given Name(s)		
Work Phone		
Mobile Phone		
Fax		
Email (*Indicates Billing)		
Occupation		
Hebrew Name <b>(in English &amp; Hebrew, including mother &amp; father</b> <u>    </u> בן/בת <u>    </u> )		
Tribes (Cohen, Levi, Yisrael, N/A)		
Date of Birth (dd/mm/yy)		
Wedding Anniversary (dd/mm/yy) Please provide marriage document		
Bar/Bat Mitzvah Parsha		
Did you previously belong to another Congregation? If so, which?		
Do you have any ideas or suggestions for shiurim/classes (discussions) or other programs? What types of programs interest you?	Religious   Children   Youth   Social   Oneg Shabbat	
General comments...Please advise if either of the adults or children are not Jewish		

	CHILD 1	CHILD 2
Family Name		
Given Name(s)		
Gender		
Date of Birth (dd/mm/yy)		
Hebrew Name (in English & Hebrew, including mother & father __בן/בת__)		
Bar/Bat Mitzvah Parsha		
School		
	CHILD 3	CHILD 4
Family Name		
Given Name(s)		
Gender		
Date of Birth (dd/mm/yy)		
Hebrew Name (in English & Hebrew, including mother & father __בן/בת__)		
Bar/Bat Mitzvah Parsha		
School		
	YAHRTZEIT 1	YAHRTZEIT 2
Hebrew Name (in English & Hebrew, including mother & father __בן/בת__)		
Relationship to deceased		
Tribe of deceased		
Date of Birth		
Date of Death (Gregorian/Hebrew Calendar)	Please indicate before/after sunset	Please indicate before/after sunset
Observance (English or customary Hebrew date)		
NAME: _____  SIGNATURE: _____  DATE: ____/____/____		