THE GREAT SYNAGOGUE SYDNEY

ק"ק בית ישראל

MEMBERSHIP APPLICATION

Thank you for applying for membership of The Great Synagogue, Sydney.

In order to process your membership, we need to have particulars of yourself and other members of your family, who may become members of The Great Synagogue, Sydney. Please complete and sign this form and return it to the Administrator at The Great Synagogue.

Should you require any assistance in completing this form, please phone the Administrator.

Name of Applicant _____

Signature of Applicant _____

ATTACH PHOTO HERE

Name of Applicant _____

Signature of Applicant _____

ATTACH PHOTO HERE

PLEASE AFFIX PICTURES OF CHILDREN OVER FIVE YEARS

FOR ADMISTRATION PURPOSES

☐ PHOTO ☐ KETUBA / CONVERSION LETTER ☐ PAYMENT - AMOUNT $ _____

☐ RABBI APPROVAL ☐ ADMIN APPROVAL

SIGNATURE _____ DATE / /

SIGNATURE _____ DATE / /

YOUR DETAILS

Seat Required ☐

Title: _____ Surname: _____ First Name/s: _____

Hebrew Name: _____ ben/bat _____
Cohen, Levite or Israelite (circle one)

Home Addess: _____

_____ Postcode: _____

Postal Address (if different): _____

_____ Postcode: _____

Phone: (after hrs) _____ Phone: (bus. hrs) _____ Business Suburb: _____

Mobile: _____ Email: _____

Date of birth: ____ / ____ / ____ Marriage Date / Place: _____

Bar/Batmitzvah Date / Place: _____ Barmitzvah Sidra: _____

Barmitzvah Haftorah (if different): _____

Father's English Name (in full): _____

Father's Hebrew Name: _____ ben _____

Mother's Maiden Name (in full): _____

Mother's Hebrew Name: _____ bat _____

Occupation: _____

Born Jewish / converted. If converted, please indicate which Beth Din and attach certificate: _____

YOUR SPOUSE

Seat Required ☐

Title: _____ Surname: _____ First Name/s: _____

Hebrew Name: _____ ben/bat _____
Cohen, Levite or Israelite (circle one)

Phone: (after hrs) _____ Phone: (bus. hrs) _____ Business Suburb: _____

Mobile: _____ Email: _____

Date of birth: ____ / ____ / ____

Bar/Batmitzvah Date / Place: _____ Barmitzvah Sidra: _____

Barmitzvah Haftorah (if different): _____

Father's English Name (in full): _____

Father's Hebrew Name: _____ ben _____

Mother's Maiden Name (in full): _____

Mother's Hebrew Name: _____ bat _____

Occupation: _____

Born Jewish / converted. If converted, please indicate which Beth Din and attach certificate: _____

YAHRZEITS

(please include any family for our community records)

English Name	Hebrew Name	Relationship to you	Date of Passing

YOUR CHILDREN

(please photocopy if more than 3 children to complete)

Seat Required ☐

CHILD 1 - Surname: _____ First Name/s: _____

Hebrew Name: _____ ben/bat _____ M / F

Home Address (if different): _____

_____ Postcode: _____

Phone (after hrs): _____ Phone: (bus. hrs) _____

Mobile: _____ Email: _____

Date of birth: ____ / ____ / _____ Marital Status: _____

Bar/Batmitzvah Date / Place: _____ Sidra: _____

School Attending: _____ Other Study: _____

Partner's Name (if applicable): _____ Birth Date: ____ / ____ / _____

Hebrew Name: _____ ben/bat _____

Seat Required ☐

CHILD 2 - Surname: _____ First Name/s: _____

Hebrew Name: _____ ben/bat _____ M / F

Home Address (if different): _____

_____ Postcode: _____

Phone (after hrs): _____ Phone: (bus. hrs) _____

Mobile: _____ Email: _____

Date of birth: ____ / ____ / _____ Marital Status: _____

Bar/Batmitzvah Date / Place: _____ Sidra: _____

School Attending: _____ Other Study: _____

Partner's Name (if applicable): _____ Birth Date: ____ / ____ / _____

Hebrew Name: _____ ben/bat _____

Seat Required ☐

CHILD 3 - Surname: _____ First Name/s: _____

Hebrew Name: _____ ben/bat _____ M / F

Home Address (if different): _____

_____ Postcode: _____

Phone (after hrs): _____ Phone: (bus. hrs) _____

Mobile: _____ Email: _____

Date of birth: ____ / ____ / _____ Marital Status: _____

Bar/Batmitzvah Date / Place: _____ Sidra: _____

School Attending: _____ Other Study: _____

Partner's Name (if applicable): _____ Birth Date: ____ / ____ / _____

Hebrew Name: _____ ben/bat _____

Please attach a copy of your Ketubah (Marriage Certificate) or a letter from a recognised authority such as your former rabbi or community leader attesting to your Jewish status.

If you have been a member of another congregation please state where: _____

Signature _____ Date _____

We would be delighted if you and your family have the time to participate in various of our activities and functions. We have dedicated mailing lists for activities in the following areas which you may wish to know more about.

Please tick the boxes next to any of the items on this list for which you would like more information.

- ☐ Adult Education
- ☐ Hebrew classes
- ☐ Bar/Batmitzvah classes
- ☐ Activities for pre-school children
- ☐ Activities for primary school children
- ☐ Activities for high school children
- ☐ Camps for primary and high school children
- ☐ Activities for young couples
- ☐ Shabbat dinners and lunches
- ☐ Weekday business lunches
- ☐ Weekday and Shabbat afternoon services
- ☐ Pastoral Care
- ☐ Women's Auxiliary
- ☐ Friends in the Great Synagogue (FIGS) - an adult friendship group
- ☐ Other

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