



THE GREAT SYNAGOGUE
SYDNEY

Membership Application

Please complete and return this form by fax or email to
The Great Synagogue, 166 Castlereagh St, Sydney, 2000
f: +61 2 9264 8871 e: admin@greatsynagogue.org.au

Your Details

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

Hebrew Name: _____ ben/bat _____

Cohen, Levite or Israelite (circle one) _____ Honours _____

Home Address: _____

_____ Postcode: _____

Postal Address (if different) : _____

_____ Postcode: _____

Phone: _____ Email: _____

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

Bar / Bat Mitzvah Date / Place: _____ Bar Mitzvah Sedra: _____

Father's English Name (in full): _____

Father's Hebrew Name: _____ ben _____

Mother's Maiden Name (in full): _____

Mother's Hebrew Name: _____ bat _____

Please attach proof of Jewish status, eg a Ketubah, a letter from a Rabbi or a Certificate of Conversion.

Your Spouse

Applying For Membership

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

Hebrew Name: _____ ben/bat _____

Cohen, Levite or Israelite (circle one)

Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____

Bar / Bat Mitzvah Date / Place: _____ Bar Mitzvah Sedra: _____

Father's English Name (in full): _____

Father's Hebrew Name: _____ ben _____

Mother's Maiden Name (in full): _____

Mother's Hebrew Name: _____ bat _____

Please attach proof of Jewish status, eg a Ketubah, a letter from a Rabbi or a Certificate of Conversion.

Yahrzeits

(Please include any family for our community records.)

English Name	Hebrew Name	Date of Passing	Relationship to you	Marked by

Your Children

(Please photocopy if more than 2 children to complete.)

Applying For Membership

CHILD 1 Surname: _____ First Name/s: _____

Hebrew Name: _____ ben/bat _____ M/F _____

Home Address (if different) : _____

Postcode: _____

Phone: _____ Email: _____

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

Bar / Bat Mitzvah Date / Place: _____ Sedra: _____

School Attending: _____

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

Hebrew Name: _____ ben/bat _____

Applying For Membership

CHILD 2 Surname: _____ First Name/s: _____

Hebrew Name: _____ ben/bat _____ M/F _____

Home Address (if different) : _____

Postcode: _____

Phone: _____ Email: _____

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

Bar / Bat Mitzvah Date / Place: _____ Sedra: _____

School Attending: _____

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

Hebrew Name: _____ ben/bat _____

Signature of Applicant _____ Date _____