# חברה קדישא גחשייא גולד קאסט GOLD COAST CHEVRA KADISHA ואר.

### **APPLICATION FOR MEMBERSHIP - SINGLE**

#### **Applicant's Details**

urname:	Given Names:
Date of Birth:	Hebrew Name:
am a Cohen (Yes or No)	I am a Levi (Yes or No)
ather's Hebrew Name:	Mother's Hebrew Name:
.ddress:	
elephone Number:	Fax Number:
mail Address:	
am a Holocaust survivor (Yes or No	
being of the Jewish Faith, agree to ob	oserve the Rules and By-Laws of the Association.
nnual Fee of <b>\$30.00</b> is enclosed (Ye	es or No)* Please attach a copy of your Ketuba or
	Conversion Certificate.
igned:	
	please state details below:- Name of Synagogue:
<ul> <li>a) Life Members b) Honorary Life Mem</li> <li>(2) The number of Ordinary Members, Life Mem</li> <li>(3) The number of Honorary Life Members shall</li> <li>(4) Subject to these Rules, any person who is of t</li> <li><u>Rule2.20</u>: For the purpose of these rules, the term according to the customs and uses of orthodox Je authority of the World Union of Progressive Juda such conversion.</li> </ul>	all consist of Ordinary Members and any of the following classes of members:- embers c) Life Governors abers and Life Governors shall be unlimited. be limited to six (6) at any one time. the Jewish Faith and who is not less than eighteen (18) years of age may become a member of the Association. n "of the Jewish Faith" shall include those persons who have under-gone due conversion to the Jewish Faith ewish Law or by the authority of the Australian and New Zealand Union for Progressive Judaism or by the aism provided always that the Management Committee may require to sight sufficient and reasonable proof of
	TED FORM TO: GOLD COAST CHEVRA KADISHA INC. 664, GOLD COAST MAIL CENTRE QLD 9726
For Office Use Only	

Date Received: \_\_\_\_\_ Recommended \_\_\_\_ Declined \_\_\_\_

## חברה קדישא גחשייא גולד קאסט GOLD COAST CHEVRA KADISHA INC. APPLICATION FOR MEMBERSHIP - PARTNERS

4 •1

such conversion

Applicant's Details Surname:	Given Names:	
Date of Birth:	Hebrew Name:	
	I am a Levi (Yes or No)	
Father's Hebrew Name: <u>Family Details</u> Spouse	Mother's Hebrew Name:	
Surname:	Given Names:	
Date of Birth:	Hebrew Name:	
I am a Cohen (Yes or No)	I am a Levi (Yes or No)	
Father's Hebrew Name:	me: Mother's Hebrew Name:	
Children (under 18 years of age or if a student         Name:       Name:	t under 24 years of age) Name:	
Date of Birth: Date of Birth:	Date of Birth:	
Address:		
	Postcode:	
Email Address:	Fax Number:	
I am a Holocaust survivor (Yes or No) I being of the Jewish Faith, agree to observe the H		
Annual Fee of <b>\$40.00</b> is enclosed (Yes or No)	* Please attach a copy of your Ketuba or Conversion Certificate.	
Signed:	* If you are a current member of a Synagogue, please state details below:- Name of Synagogue:	
<u>Rule2.20</u> : For the purpose of these rules, the term "of the Jewish according to the customs and uses of orthodox Jewish Law or by	dinary Members and any of the following classes of members:- e Governors overnors shall be unlimited.	

#### RETURN COMPLETED FORM TO: GOLD COAST CHEVRA KADISHA INC. PO BOX 5664, GOLD COAST MAIL CENTRE QLD 9726

For Office Use Only		
Date Received:	Recommended	Declined
Approved by Rabbi:		_