



## **Come home to Central!**

*Thank you for choosing to join the Central Shule family.*

*We look forward to welcoming you!*

**CENTRAL SHULE**

4 Maple Street, Caulfield South, VIC 3162

9532 9180 | [central@centralshule.com.au](mailto:central@centralshule.com.au) | [www.centralshule.com.au](http://www.centralshule.com.au)

# CENTRAL SHULE MEMBERSHIP APPLICATION FORM

*This form is to be completed and returned together with any required documentation to central@centralshule.com.au or 4 Maple Street, Caulfield South, VIC 3162.*

## MEMBER INFORMATION

### Applicant:

Title:  Mr  Mrs  Miss  Ms  Dr  Prof  Other

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Born before or after sunset: \_\_\_\_\_ Hebrew date (if known): \_\_\_\_\_

Place of birth (Country, State): \_\_\_\_\_ Occupation: \_\_\_\_\_

Hebrew name (English spelling): \_\_\_\_\_  Cohen  Levi  Yisrael

Father's and Mother's Hebrew name (English spelling): \_\_\_\_\_

Residential Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you Jewish by birth?  Yes  No If not, did conversion to Judaism take place?  Yes  No

Date of conversion: \_\_\_\_\_ Name of presiding Beth Din \_\_\_\_\_

***A copy of your Conversion Certificate must be attached with this application.***

### Spouse / Partner:

Title:  Mr  Mrs  Miss  Ms  Dr  Prof  Other

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Born before or after sunset: \_\_\_\_\_ Hebrew date (if known): \_\_\_\_\_

Place of birth (Country, State): \_\_\_\_\_ Occupation: \_\_\_\_\_

Hebrew name (English spelling): \_\_\_\_\_  Cohen  Levi  Yisrael

Father's and Mother's Hebrew name (English spelling): \_\_\_\_\_

Residential Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you Jewish by birth?  Yes  No If not, did conversion to Judaism take place?  Yes  No

Date of conversion: \_\_\_\_\_ Name of presiding Beth Din \_\_\_\_\_

***A copy of your Conversion Certificate must be attached with this application.***

**BILLING:** Please specify to which email address accounts should be sent: \_\_\_\_\_

## MARITAL INFORMATION

**Marital Status:**  Single  Married  Divorced  Widowed  Engaged  Remarried/Partnered

Synagogue in which you were married or under the auspices of: \_\_\_\_\_

Country: \_\_\_\_\_ Date: \_\_\_\_\_ Officiating Rabbi: \_\_\_\_\_

***A copy of your Ketubah (Jewish Marriage Certificate) must be attached with this application.***

### **If you are single and have never been married**

Synagogue in which your parents were married or under the auspices of: \_\_\_\_\_

Country: \_\_\_\_\_ Date: \_\_\_\_\_ Officiating Rabbi: \_\_\_\_\_

***A copy of your parents' Ketubah (Jewish Marriage Certificate) and your Birth Certificate must be attached with this application.***

## FAMILY DETAILS:

**Child's name:** \_\_\_\_\_ Gender: \_\_\_\_\_ Hebrew name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Born before or after sunset: \_\_\_\_\_ School: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ Gender: \_\_\_\_\_ Hebrew name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Born before or after sunset: \_\_\_\_\_ School: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ Gender: \_\_\_\_\_ Hebrew name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Born before or after sunset: \_\_\_\_\_ School: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ Gender: \_\_\_\_\_ Hebrew name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Born before or after sunset: \_\_\_\_\_ School: \_\_\_\_\_

## DOCUMENTATION

Please ensure that you attach a copy of the relevant documentation (as applicable) with this application:

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

*If any of these documents are not available, please discuss with Rabbi Shmuel on 0433 676 300.*

## CONSENT

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 Central Shule. I agree to abide by the terms of the Central Community Centre's Constitution and to pay my / our Shule fees and levies.

I hereby certify that to the best of my knowledge the above information is true and correct.

I hereby give permission for my /my families photograph or video (taken at Shule events) to be appropriately used for publicity and promotion of the Shule.

**Signature** of Applicant: \_\_\_\_\_ **Date:** \_\_\_\_\_

*Your Membership application will be acknowledged by the Shule Office upon receipt of this form.*

*Your Membership application will be confirmed by the Shule Office following approval by the Rabbi and Board.*

*Once Membership has been approved, you can discuss Shule seat/s allocation with Jodene in the Shule office.*

***The information you provide is strictly confidential and will not be used for purposes other than as a record for the Shule database and our communication with you.***

Please see the next page to include **Yahrtzeit Information**.

### FOR OFFICE USE ONLY

Date form received: \_\_\_\_\_  entered database  Invoiced  Payment received

Relevant documents received and sighted:  Yes  No

Rabbi Karnowsky authorised  Date: \_\_\_\_\_ Board approved  Date: \_\_\_\_\_

Comments:

## Yahrzeit Information

On completion of the following information, a letter will be sent out reminding you of each Yahrzeit. It will also be listed in the Shule's weekly newsletter.

**Name:** \_\_\_\_\_ Hebrew name (English spelling): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date of passing (secular): \_\_\_\_\_ Before or after sunset: \_\_\_\_\_

Hebrew date of death: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

**Name:** \_\_\_\_\_ Hebrew name (English spelling): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date of passing (secular): \_\_\_\_\_ Before or after sunset: \_\_\_\_\_

Hebrew date of death: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

**Name:** \_\_\_\_\_ Hebrew name (English spelling): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date of passing (secular): \_\_\_\_\_ Before or after sunset: \_\_\_\_\_

Hebrew date of death: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

**Name:** \_\_\_\_\_ Hebrew name (English spelling): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date of passing (secular): \_\_\_\_\_ Before or after sunset: \_\_\_\_\_

Hebrew date of death: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

**Name:** \_\_\_\_\_ Hebrew name (English spelling): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date of passing (secular): \_\_\_\_\_ Before or after sunset: \_\_\_\_\_

Hebrew date of death: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_