



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 | 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.

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 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 and your Birth Certificate must be attached with this application.

FAMILY DETAILS: Membership only applies to applicants listed above.

If your children are over 18, may we contact them? Yes No

Child's name: _____ **Gender:** _____ **Hebrew name:** _____

Date of Birth: _____ **Born before or after sunset:** _____ **School:** _____

Mobile: _____ **Email:** _____

Marital Status: Single Married Divorced Widowed Engaged Remarried/Partnered

Child's name: _____ **Gender:** _____ **Hebrew name:** _____

Date of Birth: _____ **Born before or after sunset:** _____ **School:** _____

Mobile: _____ **Email:** _____

Marital Status: Single Married Divorced Widowed Engaged Remarried/Partnered

Child's name: _____ **Gender:** _____ **Hebrew name:** _____

Date of Birth: _____ **Born before or after sunset:** _____ **School:** _____

Mobile: _____ **Email:** _____

Marital Status: Single Married Divorced Widowed Engaged Remarried/Partnered

Child's name: _____ **Gender:** _____ **Hebrew name:** _____

Date of Birth: _____ **Born before or after sunset:** _____ **School:** _____

Mobile: _____ **Email:** _____

Marital Status: Single Married Divorced Widowed Engaged Remarried/Partnered

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.

BILLING:

Please specify to who your accounts should be sent: _____

Email: _____ Mobile: _____

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:** _____

Please note: 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 into database Invoiced Payment received

All relevant documents received and sighted: Yes No

Application approved by Rabbi Karnowsky: _____ Date: _____

Application approved by the Committee: Yes 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: _____

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