

GOLD COAST HEBREW CONGREGATION INC.

*Post Office Box 133, Surfers Paradise Queensland 4217
Phone/Fax: 55 701851*

APPLICATION FOR MEMBERSHIP

PLEASE NOTE:

Please complete this Application in detail and return to the above address with the appropriate payment. The Board will only consider Applications that have been fully completed. Certificates are not necessarily to be enclosed with this Application but must be sighted by the Minister or Secretary and duly initialed on this Application Form.

I/WE, ()Mr, () Mrs, () Ms, ()Miss _____

(Please print name/s in full or Applicant/s)

RESIDING AT: _____

_____ P/CODE: _____

BUSINESS ADDRESS: _____

HOME PHONE NUMBER: _____ BUSINESS NUMBER: _____

HEBREW NAME/S: _____

MARITAL STATUS: _____

Hereby apply for Membership to the Gold Coast Hebrew Congregation Inc.

HUSBAND: Father's Name _____ Hebrew Name _____

Mother's Name _____ Hebrew Name _____

WIFE: Father's Name _____ Hebrew Name _____

Mother's Name _____ Hebrew Name _____

DATE AND PLACE OF MARRIAGE:

Date: _____ Synagogue/etc: _____

Rabbi: _____ Ketubah: _____

Conversion: _____ Certificate: _____

DETAILS OF CHILDREN

English Name	Date of Birth	Date of Bar/Bat Mitzvah	Sidra
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DETAILS OF PREVIOUS MEMBERSHIPS WITH OTHER CONGREGATIONS:

<u>Name of Congregation</u>	<u>Date of Membership</u>
_____	_____
_____	_____
_____	_____
_____	_____

I/We hereby declare that the above particulars are true and to the best of my/our knowledge and belief.

Date: _____ **Signature:** _____

OFFICE USE ONLY

Date Received: _____ **Received by:** _____

Date of Meeting Application Submitted: _____

Date of Acceptance: _____

Date of Letter of Acceptance: _____ **Amount to be Paid:** \$ _____ 