

Perth's Progressive Synagogue
TEMPLE DAVID CONGREGATION (INC)

34 Clifton Crescent, Mount Lawley, Western Australia 6050
 Telephone: 61 8 9271 1485 Email: temdavid@iinet.net.au
 Facsimile: 61 8 9272 2827 ABN: 85 062 978 252



MEMBERSHIP APPLICATION

Title:	Hon <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
Surname:					Preferred Name:		
Given Names:					Hebrew Name:		
Date of Birth:	/	/	Place of Birth:				
Home Address:						Post Code:	
Postal Address:						Post Code:	
Occupation:				Employer:			
Employer's Address:						Post Code:	
Telephone Numbers:	Home:		Work:		Mobile:		
Email:	Home:		Work:				
	Preferred email contact: Home email <input type="checkbox"/> Work email <input type="checkbox"/> Both <input type="checkbox"/>						
Movement/Synagogue Affiliation as a child (please specify):							
Bar/Bat Mitzvah Details:	Date:	/	/	Synagogue:			
	Parsha:				Name of Rabbi:		
Father's Name:				Father's Hebrew Name:			
Mother's Name:				Mother's Hebrew Name:			

Spouse / Partner Details (Please complete)				Jewish?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title:	Hon <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other
Surname:					Preferred Name:		
Given Names:					Hebrew Name:		
Date of Birth:	/	/	Place of Birth:				
Occupation:				Employer:			
Employer's Address:						Post Code:	
Telephone Numbers:	Home:		Work:		Mobile:		
Email:	Home:		Work:				
	Preferred email contact: Home email <input type="checkbox"/> Work email <input type="checkbox"/> Both <input type="checkbox"/>						
Movement/Synagogue Affiliation as a child (please specify):							
Bar/Bat Mitzvah Details:	Date:	/	/	Synagogue:			
	Parsha:				Name of Rabbi:		
Father's Name:				Father's Hebrew Name:			
Mother's Name:				Mother's Hebrew Name:			

Marital Status Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>				
If married:	Marriage Date:	/	/	Place of Marriage:
	Name of Officiating Rabbi:			

New Immigrant (if applicable)				
Country of Origin:		Date of Arrival in Australia:	/	/
Details (Self, Spouse, Children, Parents):				

Next of Kin						
Name:		Relationship:				
Address:				Post Code:		
Telephone:	Home:		Work:		Mobile:	

Children					
Child 1 – Name:				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Hebrew Name:			Date of Birth:	/ /	
School, College, Uni:				Year:	
Bar/Bat Mitzvah Details:	Date:	/ /	Synagogue:		
	Parsha:			Name of Rabbi:	

Child 2 – Name:				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Hebrew Name:			Date of Birth:	/ /	
School, College, Uni:				Year:	
Bar/Bat Mitzvah Details:	Date:	/ /	Synagogue:		
	Parsha:			Name of Rabbi:	

Child 3 – Name:				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Hebrew Name:			Date of Birth:	/ /	
School, College, Uni:				Year:	
Bar/Bat Mitzvah Details:	Date:	/ /	Synagogue:		
	Parsha:			Name of Rabbi:	

Conversion to Jewish Faith (Please provide documentary proof of conversion if applicable)				
Name:				
Place of Conversion:				
Date:				
Rabbi:				

Yahrzeits (anniversary of the death of a loved one - Parents and Close Relatives Only)				
Name:				
Relationship				
Date:	/ /	/ /	/ /	/ /

Unless specifically requested, all Yahrzeits will be read out on the Shabbat following the Hebrew date

Previous Association with Temple/Synagogue			
Family Member (name):			
Name of Temple/Synagogue:			
Name of Rabbi:			
Type of Association (eg member, committee/ board member etc)			
Length of Association:	From: / / To: / /	From: / / To: / /	From: / / To: / /

Jewish People to Whom I am Known			
Name:			
Address:			
Telephone:			

For Divorced Applicants Only			
Place of Divorce:		Date of Divorce:	/ /
Was a Get Issued:	Yes <input type="checkbox"/> (Please attach Copy) No <input type="checkbox"/>		

Family Hobbies and Interests					
Name:					
Hobbies and Interests:					

Class of Membership (children and students up to the age of 25 and living at home are included in your membership)			
<input type="checkbox"/> Single	Adult aged 18 years or over, not a student, living in family home or not	<input type="checkbox"/> Country Single	Adult aged 18 years or over, not a student, residing in a country town
<input type="checkbox"/> Couple	Two adults living as a couple	<input type="checkbox"/> Country Couple	Two adults living as a couple, residing in a country town
<input type="checkbox"/> Concession	Retiree receiving government or other pension or recipient of disability or other pension	<input type="checkbox"/> Student	Student not living in family home, or student over age 25 living at home

Declaration	
I / We declare that I am / we are of the Jewish faith and that if my / our application is accepted, I / we agree to be bound by the Constitution, rules and regulations of the Temple David Congregation (Inc).	
Signature: _____	Signature: _____
Date: / /	Date: / /

Recommendation to Board by Rabbi / Status Committee for Acceptance/Non Acceptance as Member	
<input type="checkbox"/> Recommended (please sign) _____	<input type="checkbox"/> Not Recommended (please sign) _____

Decision of Board:	
<input type="checkbox"/> Approved for membership	<input type="checkbox"/> Approved for membership on receipt of completed Concession Form
<input type="checkbox"/> Additional information required: _____	
<input type="checkbox"/> Not approved for membership	Reason for non-approval: _____

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APPLICATION FOR CONCESSIONAL MEMBERSHIP

**Applications will be treated with the
 STRICTEST CONFIDENTIALITY**

Please answer **ALL** questions fully

Name(s):	Surname:	
	First Name(s):	

Address:			Postcode:	

Contact details:	Home	Business	Mobile	Facsimile

Email:	
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Source of Income please tick appropriate boxes	Pension / Benefit Number or other source of income	
Age Pension <input type="checkbox"/>	Pension Number:	
Disability Pension <input type="checkbox"/>	Pension Number:	
Veteran Affairs Pension <input type="checkbox"/>	Pension Number:	
Other Pension or Benefit <input type="checkbox"/>	Type of Pension/Benefit:	
	Pension/Benefit Number:	

If you receive income from another source or you are a self-funded retiree and you wish to apply for concessional membership, please describe your situation as fully as possible to avoid unnecessary delays and embarrassment

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I/We certify that the above information is correct in all respects.

Signed:			Date:	
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Please note that this application applies only to the current year and must be renewed next year if still appropriate.