

בית כנסת שלום
KEHILLAT BEIT KNESSET SHALOM
The Progressive Jewish Congregation Of Queensland

APPLICATION FOR MEMBERSHIP

To be completed by every person seeking membership, whether single or family application

Full name: _____

Address: _____

_____ Postcode: _____

Tel (day): _____ Tel (evening): _____

Mobile: _____ Email: _____

Date of birth _____ Marital Status _____

Hebrew Name, if any: _____

Previous synagogue affiliations, if any: _____

Spouse or partner's full name: _____

N.B. if your spouse or partner is applying for membership, he/she must complete a separate form

Spouse or partner's religion: _____

Children (please give names and dates of birth): _____

Please tick one of the following:

FULL MEMBERSHIP: I affirm I am Jewish, over 18 years of age, and apply for full Synagogue membership.

ASSOCIATE MEMBERSHIP: Non-voting rights - Either: *(Please Circle A or B)*

- A) I am not Jewish, but would like to join the Friends of the Synagogue, OR
- B) I am Jewish, but do not wish to join as a full member at present.

I agree to comply with the conditions of membership as laid down in the Constitution and Rules of the Synagogue and its By-laws.

SIGNED _____ DATE _____

Please forward your completed membership application to:

The Hon. Secretary. BKS. PO Box 355. Acacia Ridge. Qld 4110