



**ST KILDA HEBREW  
CONGREGATION**

**ST KILDA HEBREW CONGREGATION INC** REG. NO: A1256

ABN: 26 428 090 013

📍 12 Charnwood Grove, St Kilda VIC 3182

☎ +61 (0)3 9537 1433

☎ +61 (0)3 9525 3759

🌐 www.stkildashule.org.au

✉ office@stkildashule.org

Office hours Mon to Thu 9:00am - 5:00pm, Fri 9:00am - 1:00pm

📘 facebook.com/stkildashule

📺 youtube.com/user/stkildashule12

**APPLICATION FOR  FULL MEMBERSHIP /  JUNIOR MEMBERSHIP**

*Where special circumstances exist, or you do not wish to record certain information, a private and confidential meeting with the CEO can be arranged.*

**A. Declaration by Applicant (or by a Parent, for Junior Membership)**

I, \_\_\_\_\_  
Title Given Names Surname  
 of \_\_\_\_\_  
State Postcode  
 hereby apply for membership of the St Kilda Hebrew Congregation Inc.

**I certify that:**

1. I was previously a member of the following Congregation(s): \_\_\_\_\_
2. I ( am /  am not) indebted or owe any money to any such Congregation.
3. if my application is accepted, I agree to be bound by the Laws of the St Kilda Hebrew Congregation and all practices and customs adopted from time to time.
4. I am of the Jewish faith, have attained the age of eighteen years, am not married contrary to the Laws of Orthodox Judaism, and have not neglected to carry out the Abrahamic Covenant (Brit Milah) in my family.
5. I enclose a joining fee of \$100 (waived for junior membership applications)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Indicate whether applicant / parent / guardian

Why have you decided to become a member of St Kilda Shule? *This question is optional but your feedback would be greatly appreciated to ensure we maintain a high level of service for our valued members:*

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**B. Proposer/Seconder** (Both proposer & seconder must be members of St Kilda Hebrew Congregation and must sign personally.)

**Proposer:** \_\_\_\_\_  
Name Signature

**Seconder:** \_\_\_\_\_  
Name Signature

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only**

Ketubah supplied. Eligibility Approved by Chief Rabbi \_\_\_\_\_  
 Date Application received \_\_\_\_\_ Approved by the Board \_\_\_\_\_  
 Date Member advised \_\_\_\_\_ Seat required \_\_\_\_\_ Invoice raised \_\_\_\_\_

**Please turn over the page**



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**C. Personal Details**

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_ Title \_\_\_\_\_

Heb. Names (Eng. letters) Yours \_\_\_\_\_ Father's \_\_\_\_\_ Mother's \_\_\_\_\_

Tribe (tick one) Cohen Levi Yisrael Mother's maiden surname \_\_\_\_\_

Date of birth \_\_\_\_\_ If applicable, your maiden name \_\_\_\_\_

If applicable, Bar Mitzvah Sedra \_\_\_\_\_ Date \_\_\_\_\_

Interests \_\_\_\_\_ Hobbies \_\_\_\_\_

**FOR JUNIOR MEMBERSHIP**

School attending/attended \_\_\_\_\_ Tertiary Institution \_\_\_\_\_

Hebrew education \_\_\_\_\_ Youth group \_\_\_\_\_

**D. For Junior membership, Next of Kin Details**

Parents are Members Non-members

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**E. Contact Details**

Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**F. Work Details**

Occupation \_\_\_\_\_ Business Name \_\_\_\_\_

Address \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**G. Marriage Details (for Junior membership, list Marriage Details of parents)**

Marital status: \_\_\_\_\_ Date \_\_\_\_\_ Full name of partner \_\_\_\_\_

Synagogue married \_\_\_\_\_ Officiating Rabbi \_\_\_\_\_

Details of termination of marriage/s \_\_\_\_\_

**H. Children's (or for Junior Membership, Sibling's) Details**

English Name	Hebrew Name	Date of Birth	Bar Mitzvah date
		/ /	/ /
		/ /	/ /
		/ /	/ /

**I. Yahrzeits to be observed**

English Name	Hebrew Name	Relationship	Eng. date of death
			/ /
			/ /
			/ /