



**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 and have attained the age of eighteen years.
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:*

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

If you need assistance finding a proposer and a seconder, please contact the Shule office and we will help.

Proposer: _____
Name Signature

Secunder: _____
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
			/ /
			/ /
			/ /