



EAST MELBOURNE HEBREW CONGREGATION
Melbourne City Synagogue

ABN 92 482 203 342

Chief Minister: Shamir Caplan
President: Danny Segal

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS:

NAME OF APPLICANT _____

MAIDEN NAME (if applicable) _____

HEBREW NAME _____ ben/bat _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

HOME ADDRESS _____

SUBURB _____

POSTCODE _____

HOME TELEPHONE _____

WORK TELEPHONE _____

MOBILE _____

EMAIL _____

TRIBE (Cohen, Levi, Israelite) _____

DATE OF BAR/BAT MITZVAH _____ Parsha _____

IF MARRIED: (please provide a copy of the Ketubah)

NAME OF SYNAGOGUE _____

DATE OF MARRIAGE _____

SPOUSE INFORMATION:

name (maiden name if applicable) _____

hebrew name _____ ben/bat _____

date of birth _____

place of birth _____

tribe (cohen, levi, israelite) _____

date of bar/bat mitzvah _____ Parsha _____

CHILDREN:

name _____

name _____

hebrew name _____

hebrew name _____

date of birth _____

date of birth _____

place of birth _____

place of birth _____

date of Bar/Bat Mitzvah _____

date of Bar/Bat Mitzvah _____

name _____

name _____

hebrew name _____

hebrew name _____

date of birth _____

date of birth _____

place of birth _____

place of birth _____

date of Bar/Bat Mitzvah _____

date of Bar/Bat Mitzvah _____

PARENTS:

MOTHER: (maiden name if possible)

name _____

hebrew name _____

date of birth _____

place of birth _____

tribe (cohen, levi, israelite) _____

date of Bar/Bat Mitzvah _____

FATHER:

name _____

hebrew name _____

date of birth _____

place of birth _____

tribe (cohen, levi, israelite) _____

date of Bar/Bat Mitzvah _____

Yahrzeits:

name _____

relationship _____

english date of passing _____

hebrew date of passing _____

name _____

relationship _____

english date of passing _____

hebrew date of passing _____

I hereby certify that the information given above is true to the best of my knowledge.

Signature: _____

Date: _____

SEAT RENTAL FEES:

MEN: **\$400**

WOMEN: **\$250**

CONCESSION: **Price on Application**

TERTIARY STUDENTS: **\$50**

CASUAL SEAT RENTAL: **\$118**

Please Note:

Payment for seat rental will be required no more than 30 days after notification of approval of membership