



**BRISBANE PROGRESSIVE JEWISH CONGREGATION
INCORPORATED**

PO Box 841, Coorparoo, Queensland, 4151
Internet: www.bpjc.org.au
Email: bpjc@bpjc.org.au
Tel: 0419 267 529
ABN: 97 270 769 712



MEMBERSHIP APPLICATION

Applicant information

Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	
First name/s:		
Hebrew name:		
Date of birth:	Hebrew date of birth:	
Residential address:		
Town:	State:	Postcode:
Postal address (if different from residence):		
Town:	State:	Postcode:
Home phone:	Work phone:	
Fax:	Mobile:	
Email:		

Spouse / Partner information

Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	
First name/s:		
Hebrew name:		
Date of birth:	Hebrew date of birth:	
Address (if different from above):		
Town:	State:	Postcode:
Home phone:	Work phone:	
Fax:	Mobile:	
Email:		

Children under the age of 18		
1. Child name:	Hebrew name:	
Date of birth:	Hebrew date:	
Bar/Bat Mitzvah: Y / N Date:	Synagogue:	
2. Child name:	Hebrew name:	
Date of birth:	Hebrew date:	
Bar/Bat Mitzvah: Y / N Date:	Synagogue:	
3. Child name:	Hebrew name:	
Date of birth:	Hebrew date:	
Bar/Bat Mitzvah: Y / N Date:	Synagogue:	
<i>Please add additional children under 18 on a separate sheet if required</i>		
Two Jewish Referees		
#1. Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	
First name/s:		
Hebrew name:		
Residential address:		
Town:	State:	Postcode:
Home phone:	Work phone:	
Fax:	Mobile:	
Email:		
#2. Title (Prof/Dr/Mr/Mrs/Ms):	Surname:	
First name/s:		
Hebrew name:		
Residential address:		
Town:	State:	Postcode:
Home phone:	Work phone:	
Fax:	Mobile:	
Email:		

Documentation / Proof of Jewishness <i>(please attach relevant copy)</i>		
Brit Certificate: Y / N	Bar/Bat Mitzvah Certificate: Y / N	Ketubah: Y / N
Conversion Certificate (Giur): Y / N		Date of Conversion:
Place/Synagogue:		Rabbinat:
Other (please specify):		
Previous membership with a Jewish congregation		
Name of Synagogue:		
Address:		
Town:	State:	Postcode:
Rabbi:	Phone number:	
Fax:	Email:	
Approximate period of membership: / / to / /		
Reason for leaving:		
Interests <i>(optional – please tick as many boxes as you wish)</i>		
<input type="checkbox"/> Lay service leader	<input type="checkbox"/> Adult education	
<input type="checkbox"/> Torah reading	<input type="checkbox"/> Social events & fundraising	
<input type="checkbox"/> Musical skills	<input type="checkbox"/> Board Member	
<input type="checkbox"/> Cheder teaching	<input type="checkbox"/> Other (please specify):	
Membership requested		
<i>Fees quoted are for the full financial year from 1 July 2011 to 30 June 2012. An invoice will be sent to you upon acceptance of your membership application, and will include advice of a pro rata fee (if applicable).</i>		
Membership type and rate	Please tick in the appropriate box below:	
Ordinary (individual) full membership: \$190		
Family full membership: \$400		

- We are able to offer payment plan options to suit your circumstances.
- We also offer a subsidised Distant Membership rate for those members unable to attend regular services and events due to distance. Please contact our Treasurer at treasurer@bpjc.org.au to discuss.
- Hardship circumstances may be taken into account on application. Please contact our Treasurer for a discussion in complete confidence.

DECLARATION

I / We declare that I / we are of Jewish Faith and that if this membership application is accepted, I / we agree to be bound by the Constitution, rules and regulations of Brisbane Progressive Jewish Congregation.

I / We enclose copies of our documentation for proof of Jewishness to assist in the processing of this application.

Name:

Signature:

Date:

Name:

Signature:

Date:

Please return the completed membership application form
and attachments to:

**The Hon Secretary
Brisbane Progressive Jewish Congregation (Inc)
PO Box 841
Coorparoo QLD 4151**

The yahrzeit form on the following page may also be returned with your application if you wish.

Yahrzeit information (optional)

(Parents / close relatives)

Your name:

Your Hebrew name:

Your Spouse / Partner's name:

Your Spouse / Partner's Hebrew name:

#1. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

#2. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

#3. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

#4. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

#5. Name:

Date:

Hebrew name:

Hebrew date:

Relationship:

Signature:

Date: