

APPLICATION FOR CONGREGANTS

(confidential)

ADULT 1

Surname: **Sex:** Male Female
First Name: **Which Service do you wish to attend:**
Title: **Progressive** **Masorti**
 (Conservative)
Preferred Name
Hebrew Name: **Ben/Bat** **V'**.....
Your Hebrew name *Hebrew name of your father* *Hebrew name of your mother*
Marital Status: Single Married Divorced Widowed

Home Address: **Business Address:**

Post Code: **Post Code**
Home Phone **Business Phone**
Home Fax **Business Fax**
Mobile **Job Category**
Post to: Home Business **Occupation**
Email Address: **Would you like our TELL magazine to be sent to you only by email? (No hard copy)** Yes No

Date of Birth:
Bar/Bat Mitzvah:
Wedding Date:

Do you wish to be involved as a volunteer?
 Yes No

Are you interested in Renewal Service?
 Yes No

Birth Place: **Comments**
Disability:

Your mother's name:
Your father's name:

Do you require to be advised of Yahrzeit? Yes No **Which date do you observe:** English Hebrew

Name of Deceased	Date of Death	Relationship	Invitation to be called up to the Torah (Yes or No)

ADULT 2

Surname: **Sex:** Male Female
First Name: **Which Service do you wish to attend:**
Title: **Progressive** **Masorti**
(Conservative)
Preferred Name
Hebrew Name: **Ben/Bat** **V'**
Your Hebrew name Hebrew name of your father Hebrew name of your mother
Marital Status: Single Married Divorced Widowed

Home Address: **Business Address:**
.....
Post Code: **Post Code**
Home Phone **Business Phone**
Home Fax **Business Fax**
Mobile **Job Category**
Post to: Home Business **Occupation**

Email Address: **Would you like our TELL magazine to be sent to you only by email? (No hard copy)** Yes No

Date of Birth:
Bar/Bat Mitzvah:
Wedding Date:

Do you wish to be involved as a volunteer?
Yes No

Are you interested in Renewal Service?
Yes No

Birth Place: **Comments**
Disability:

Your mother's name:
Your father's name:

Do you require to be advised of Yahrzeit? Yes No **Which date do you observe:** English Hebrew

Name of Deceased	Date of Death	Relationship	Invitation to be called up to the Torah (Yes or No)

FIRST CHILD

(Please note this is for children under age of 18 only)

Surname:	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name:		
Preferred Name:		
Hebrew Name:	Ben/Bat	v'.....
<i>Child's Hebrew name</i>	<i>Hebrew name of child's father</i>	<i>Hebrew name of child's mother</i>
Email Address:		

Date of Birth:
Bar/Bat Mitzvah:
Attended Religion School: <input type="checkbox"/>

Does the child attend:
Emanuel Pre-school <input type="checkbox"/>
Kornmehl Centre <input type="checkbox"/>
Hebrew & Religion School <input type="checkbox"/>

What school does the child attend:
.....
Grade <input type="text"/>

Birth Place:	Comments
Disability:

SECOND CHILD

(Please note this is for children under age of 18 only)

Surname:	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name:		
Preferred Name:		
Hebrew Name:	Ben/Bat	v'.....
<i>Child's Hebrew name</i>	<i>Hebrew name of child's father</i>	<i>Hebrew name of child's mother</i>
Email Address:		

Date of Birth:
Bar/Bat Mitzvah:
Attended Religion School: <input type="checkbox"/>

Does the child attend:
Emanuel Pre-school <input type="checkbox"/>
Kornmehl Centre <input type="checkbox"/>
Hebrew & Religion School <input type="checkbox"/>

What school does the child attend:
.....
Grade <input type="text"/>

Birth Place:	Comments
Disability:

THIRD CHILD

(Please note this is for children under age of 18 only)

Surname: Sex: Male Female

First Name:

Preferred Name:

Hebrew Name: Ben/Bat v'.....
Child's Hebrew name Hebrew name of child's father Hebrew name of child's mother

Email Address:

Date of Birth:

Bar/Bat Mitzvah:

Attended Religion School:

Does the child attend:

Emanuel Pre-school

Kornmehl Centre

Hebrew & Religion School

What school does the child attend:
.....

Grade

Birth Place: Comments

Disability:

FORTH CHILD

(Please note this is for children under age of 18 only)

Surname: Sex: Male Female

First Name:

Preferred Name:

Hebrew Name: Ben/Bat v'.....
Child's Hebrew name Hebrew name of child's father Hebrew name of child's mother

Email Address:

Date of Birth:

Bar/Bat Mitzvah:

Attended Religion School:

Does the child attend:

Emanuel Pre-school

Kornmehl Centre

Hebrew & Religion School

What school does the child attend:
.....

Grade

Birth Place: Comments

Disability:

Two Jewish Families to whom I am known:

I

Name _____

Address _____

II

Name _____

Address _____

I (name) _____ hereby declare that I
am of the Jewish Faith and I agree to be bound by the constitution of
Emanuel Synagogue.

Signed _____ Date _____

Spouse Signature _____ Date _____

EMANUEL SYNAGOGUE

CONTRIBUTION RATE – 2010

Single	Annual	
	\$850	
Family - two adults & any children under the age of 18	\$1700	
Single Parent Family - one adult & any children under the age of 18	\$850	
Pensioner (pension number needs to be quoted)	\$76	
Joining fee for Family (includes 2 machzorim)	\$110	
for Single (includes 1 machzor)	\$55	
Young Adult Annual Fees 2010 – on an upward sliding scale:		
Year of birth	Single	Couple
1989	\$96	\$200
1988	\$108	\$216
1987	\$120	\$240
1986	\$132	\$248
1985	\$144	\$272
1984-1980	\$324	\$648
1979-1976	\$768	\$1,536

Emanuel School and Emanuel Woollahra Preschool parents - discounts apply - 25% off Family contribution. Membership is an obligation for an entire year's (12 months) dues. Rates are subject to change each January pending Board review.

We encourage all members to pay their fees by one of the following methods:

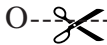
- (1) Year in advance
- (2) Authorised quarterly direct debit from a financial institution (see form below)
- (3) Authorised quarterly credit card deduction (see form below)

Where members do not pay by way of the methods mentioned above, a quarterly administration charge of \$6 per quarter will be levied as part of our quarterly billing cycle to cover the additional administration costs incurred.

Membership contributions upon joining must be paid in advance through to the end of the calendar calculated on a pro rata basis. Thereafter all contributions are payable at least quarterly in advance.

We encourage voluntary contributions to the following:

- Netzer: -independent Progressive Zionist youth movement associated with Emanuel Synagogue.
- ARZA: -Australian Reform Zionist Association - the umbrella organisation of Progressive Religious Zionists in Australia. Works to stimulate Zionist interests and activities in Progressive communities throughout the country.
- Mercaz: -Zionist membership organisation of the Masorti movement. The voice of Masorti jewry within the World Zionist Organisation.



PAYMENT SLIP – PLEASE FORWARD TOGETHER WITH APPLICATION FORM

Membership for 12 months in advance: \$ _____

Netzer (voluntary \$20): \$ _____

ARZA (voluntary \$10): \$ _____

Mercaz (voluntary \$8 single; \$15 family): \$ _____

Joining fee (\$55 single; \$110 family): \$ _____

Total: \$ _____

Payment by cheque

Payment by credit card: Mastercard Visa

Card number is _____ Expires on ____ / ____

Name as on the card: _____ Signature _____

Regular Credit Card Authority 2010

Name _____

Address: _____

Phone: _____

Please charge to my credit card Visa Mastercard

Annual Contribution \$.....

Netzer (*voluntary one off payment in first month of membership*): \$20 No Netzer

ARZA (*voluntary one off payment in first month of membership*): \$10 No ARZA

The total annual contribution of \$ (including Netzer & ARZA)

Card number _____

Expiry Date ____ / ____

Name on the card

Signed

Office use only:

	Quarterly	Receipt No
January	\$	
April	\$	
July	\$	
October	\$	

Emanuel Synagogue Pay Plan – Direct Debit Request

Name: _____

Address: _____

Contact phone no _____

To: Emanuel Synagogue

I/we request that money due in terms of the repayment arrangement contained in the membership application made between ourselves be drawn under the Direct Debit System from my/our account conducted with

_____ [provide name of financial institution]

Annual Contribution \$ _____ (paid quarterly in January, April, July & October)

Netzer (voluntary one off payment in first quarter of membership) \$20 [] No Netzer []

ARZA (voluntary one off payment in first quarter of membership) \$20 [] No ARZA []

The total annual contribution of \$ _____ (including Netzer & ARZA)

Account details are:

BSB: _____ Account No: _____

Account Name: _____

I/we acknowledge that this Direct Debit arrangement is governed by the terms of the Pay Plan Client Service Agreement received from:

Name: Emanuel Synagogue

Debit User ID number: 359733

Signature 1: _____

Signature 2: _____

Date: ____/____/____

Emanuel Synagogue Pay Plan – Client Service Agreement

Our commitment to you,

Drawing arrangements:

- We will advise you, in writing, the details of the Emanuel Synagogue Pay Plan drawing arrangements [amount; frequency; commencement date] at least 14 calendar days prior to the first drawing.
- Where the due date falls on a non business day, we will draw the amount on the next business day.
- We will not change the amount or frequency of drawings arrangements without your prior approval.
- We reserve the right to cancel the Emanuel Synagogue Pay Plan drawing arrangements if three or more drawings are returned unpaid by our nominated Financial Institution and to arrange with you an alternate payment method.
- We will keep all information pertaining to your nominated account at the Financial Institution, private and confidential

Your rights:

- You may terminate the Emanuel Synagogue Pay Plan drawing arrangements at any time by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received by us at least 14 business days prior to the due date.
- You may stop payment of a drawing under the Emanuel Synagogue Pay Plan by giving written notice directly to us, or through your nominated Financial Institution. Notice given to us should be received by us at least 14 business days prior to the due date.
- You may request change to the drawing amount and/or frequency of Emanuel Synagogue Pay Plan drawings by contacting us and advising your requirements no less than 14 business days prior to the due date.
- Where you consider that a drawing has been initiated incorrectly [outside the Emanuel Synagogue Pay Plan arrangements] you may take the matter up directly with us, or lodge a Direct Debit Claim through your nominated Financial Institution.

Your commitment to us,

Your responsibilities:

- It is your responsibility to ensure that sufficient funds are available in the nominated account to meet a drawing on its due date.
- It is your responsibility to ensure that the authorisation given to draw on the nominated account, is identical to the account signing instruction held by the Financial Institution where the account is based.
- It is your responsibility to advise us if the account nominated by you to receive the Emanuel Synagogue Pay Plan drawings is transferred or closed.
- It is your responsibility to arrange with us a suitable alternate payment method if wish to cancel the Emanuel Synagogue Pay Plan drawing.