

APPLICATION FOR CONGREGANTS

(confidential)

Adult 1

Photo
(optional)

Please send by email
if possible

Details

Full Name: _____
Title First Middle Last name

Preferred name: _____ Gender: _____

Hebrew Name: _____ Ben/Bat _____ v' _____
(English transcription) Your Hebrew name Hebrew name of your father Hebrew name of your mother

Mobile: _____ E-mail: _____

Birth Date: _____ B/Mitzvah Date: _____ Portion: _____

Birth Place: _____ Do you wish to be involved as volunteer? _____
Yes/No

Which service(s) do you wish to attend? Progressive: _____ Masorti: _____ Renewal: _____
Yes/No Yes/No Yes/No

Job Information

Occupation: _____ Pension No (for pensioners): _____

Business Name: _____ Business Address: _____

Suburb: _____ State: _____ Post Code: _____

Work Phone: _____ Work Fax: _____ Work Email: _____

Relatives who belong to Emanuel Synagogue congregation

Name: _____ Relation _____

Name: _____ Relation _____

Name: _____ Relation _____

Name: _____ Relation _____

Yahrzeit Information

Do you require to be advised of Yahrzeit: _____ Date observation: Hebrew _____ or English _____
Yes/No Yes/No Yes/No

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

Comments

Adult 2

Photo
(optional)

Please send by email
if possible

Details

Full Name: _____
Title First Middle Last name

Preferred name: _____ Gender: _____

Hebrew Name: _____ Ben/Bat _____ v' _____
(English transcription) *Your Hebrew name Hebrew name of your father Hebrew name of your mother*

Mobile: _____ E-mail: _____

Birth Date: _____ B/Mitzvah Date: _____ Portion: _____

Birth Place: _____ Do you wish to be involved as volunteer? _____
Yes/No

Which service(s) do you wish to attend? Progressive: _____ Masorti: _____ Renewal: _____
Yes/No Yes/No Yes/No

Job Information

Occupation: _____ Pension No (for pensioners): _____

Business Name: _____ Business Address: _____

Suburb: _____ State: _____ Post Code: _____

Work Phone: _____ Work Fax: _____ Work Email: _____

Relatives who belong to Emanuel Synagogue congregation

Name: _____ Relation _____

Name: _____ Relation _____

Name: _____ Relation _____

Name: _____ Relation _____

Yahrzeit Information

Do you require to be advised of Yahrzeit: _____ Date observation: Hebrew or English
Yes/No Yes/No Yes/No

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

Comments

Family Info

Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Phone: _____ Fax: _____ Marital Status: _____

Wedding Date: _____

Postage Address (if different): _____

Suburb: _____ State: _____ Post Code: _____

Would you like our publications to be sent to you only by email? (No hard copy) _____
Yes/No

Emergency Contact Information

<i>Name</i>	<i>Relation</i>	<i>Phone</i>

<i>Name</i>	<i>Relation</i>	<i>Phone</i>

Two Jewish Families to whom I am known:

Name 1: _____

Address: _____

Name 2: _____

Address: _____

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.

Each of the person(s) signing below applies for membership of the Synagogue. If accepted, he/she/they agree to abide by the administrative policies of the Synagogue in force at any time during their membership. This includes but is not limited to the obligation to pay membership dues and any administrative or other fees imposed by the Synagogue on members from time to time for the duration of their membership (including the full years in which they become and cease to be members respectively) unless the Synagogue's Board determines otherwise.

Adult 1 signature _____ Date _____

Adult 2 signature _____ Date _____

Child 1

Photo
(optional)

Please send by email
if possible

Details

Full Name: _____
First Middle Last name

Preferred name: _____ Gender: _____

Hebrew Name: _____ Ben/Bat _____ v' _____
(English transcription) *Your Hebrew name Hebrew name of your father Hebrew name of your mother*

Mobile: _____ E-mail: _____

Birth Date: _____ B/Mitzvah Date: _____ Portion: _____

Birth Place: _____

Education

School: _____ Grade _____

Comments

Child 2

Photo
(optional)

Please send by email
if possible

Details

Full Name: _____
First Middle Last name

Preferred name: _____ Gender: _____

Hebrew Name: _____ Ben/Bat _____ v' _____
(English transcription) *Your Hebrew name Hebrew name of your father Hebrew name of your mother*

Mobile: _____ E-mail: _____

Birth Date: _____ B/Mitzvah Date: _____ Portion: _____

Birth Place: _____

Education

School: _____ Grade _____

Comments

Child 3

Photo
(optional)

Please send by email
if possible

Details

Full Name: _____
First Middle Last name

Preferred name: _____ Gender: _____

Hebrew Name: _____ Ben/Bat _____ v' _____
(English transcription) *Your Hebrew name Hebrew name of your father Hebrew name of your mother*

Mobile: _____ E-mail: _____

Birth Date: _____ B/Mitzvah Date: _____ Portion: _____

Birth Place: _____

Education

School: _____ Grade _____

Comments

Child 4

Photo
(optional)

Please send by email
if possible

Details

Full Name: _____
First Middle Last name

Preferred name: _____ Gender: _____

Hebrew Name: _____ Ben/Bat _____ v' _____
(English transcription) *Your Hebrew name Hebrew name of your father Hebrew name of your mother*

Mobile: _____ E-mail: _____

Birth Date: _____ B/Mitzvah Date: _____ Portion: _____

Birth Place: _____

Education

School: _____ Grade _____

Comments

CONTRIBUTION RATE – 2012

Single	Annual	
	\$900	
Family - two adults & any children under the age of 21	\$1800	
Single Parent Family - one adult & any children under the age of 21	\$900	
Pensioner (pension number needs to be quoted)	\$80	
 Young Adult Annual Fees 2012 – on an upward sliding scale:		
Year of birth	Single	Couple
1991	\$108	\$216
1990	\$120	\$240
1989	\$132	\$264
1988	\$144	\$288
1987	\$156	\$312
1982-1986	\$336	\$672
1978-1981	\$804	\$1608

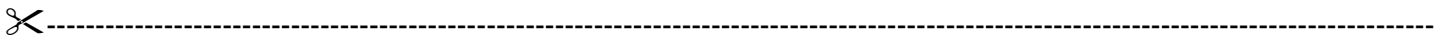
Emanuel School and Emanuel Woollahra Preschool parents - discounts apply - 25% off Family contribution. Membership is an obligation for an entire year's (12 months) dues. Rates are subject to change each January pending Board review.

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.



PAYMENT SLIP – PLEASE FORWARD TOGETHER WITH APPLICATION FORM

Membership for 12 months in advance: \$ _____

Payment method: cheque

credit card: Mastercard Visa

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Expiry Date: ____ / ____

Name on the card: _____

Signature: _____

Quarterly Credit Card Authority 2012

Name _____

Address: _____

Phone: _____

Please charge to my credit card Visa Mastercard

Annual Contribution \$.....

Card number _____

Expiry Date ____ / ____

Name on the card

Signed

Office use only:

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

Emanuel Synagogue Pay Plan – Quarterly Direct Debit Request

To: Emanuel Synagogue

I/we request that money due in terms of the repayment arrangement contained in the membership application made between ourselves on ___/___/___, 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)*

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: ___/___/___

Office use only:

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

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.

Voluntary Subscriptions



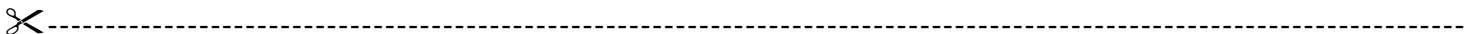
Netzer: Netzer is the Zionist youth movement of the Progressive community and provides regular activities, including camps, education and leadership development for children aged 8-18. As well as developing lifelong friendships, those who take on leadership roles are also able to participate in the Shnat (Year) programme in Israel from which they return to lead the Movement. Your contribution supports the work of the group as well as enabling a *Community Shaliach* (emissary) to come from Israel to work with Netzer as well as within the Progressive and general Jewish community.



ARZA (Australian Reform Zionist Association): ARZA represents the Progressive Jewish community in all matters relating to Israel and Zionism. This includes producing and disseminating information about Israel; ensuring that the Progressive view is represented at all levels of the community; and as part of the World Zionist Organisation, where the Progressive movement ARZENU, is currently part of the largest delegation. Your contribution funds these activities, helps develop young leadership and, equally importantly, gives you a vote in the World Zionist Congress elections. Your vote is vital if we are to ensure that Israel remains the inclusive and democratic society described in the Declaration of Independence and wanted by the majority of Jews around the world, including those living in Israel.



Mercaz-Masorti Australasia - www.masorti.org.au. Masorti blends an enquiring spirit and egalitarian approach with a deep respect for Jewish tradition and halachic process. Commitment to Zionism has been central to Masorti from its earliest beginnings. Mercas is the Zionist conscience of the world wide Masorti movement. Play your part in supporting a liberal, egalitarian and traditional Jewish future in Israel, Australia and internationally by joining Mercas-Masorti Australasia. Every single member means more votes at the World Zionist Congress which directly relates to more much needed funds for Masorti projects in Israel and internationally.



PAYMENT SLIP

Name _____

Address: _____

Phone: _____

Netzer (\$20 p/year): \$ _____

ARZA (Single \$10, Family \$20 p/year): \$ _____

Mercas (Single \$9, Family \$18 p/year): \$ _____

Total: \$ _____

1. Payment by cheque:

2. Payment by credit card: Mastercard Visa

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Expiry Date _____ / _____