



# Temple Shalom Gold Coast Membership & Affiliation Application

## A Message From Our President

Temple Shalom is a warm and supportive community. We are committed to providing our members, affiliates and friends with many ways to engage with Judaism and a Jewish life. We offer spiritual enrichment through worship as part of a community, which values and supports active participation in our services and celebrations. We offer involvement in a wide range of social and learning activities, all of which help to bind us together as a caring community. We also offer the chance to serve and support others by volunteering our skills, whatever they may be.

While Temple Shalom is welcoming to all, Judaism has certain privileges and responsibilities that are reserved for those who are Jewish, by birth or by conversion. Consequently, membership is only available to individuals of the Jewish faith. Those who are not Jewish but who want to be active in our community, are invited to formally affiliate with Temple Shalom. Affiliation is open to the non-Jewish spouse/partner of members. Affiliation as a 'Friend of Temple Shalom' is open to others who are not Jewish but want to support our congregation. We offer many ways for affiliates to participate in synagogue life but understandably, there are some limitations:

**Committee Involvement.** We are happy to have non-Jewish spouses/partners and friends involved in all areas, except those with ritual responsibility, i.e. the Board of Management and the Services Management Committee.

**Participation in Services.** There are many opportunities for non-Jewish spouses/partners and friends to participate in important family milestones such as a brit milah, b'nai mitzvah or a wedding but there are two constraints. Firstly, only those who are Jewish may receive a Torah related honour and secondly, only those who are Jewish may recite a Torah related blessing.

**Voting.** On occasions, congregants may vote on major synagogue issues. The opportunity to vote is only available to financial members.

For those who want to make the commitment to either become a member or to affiliate, we look forward to receiving your application. Your application needs to be signed by two financial members of Temple Shalom, they being the Proposer and the Secunder for your application. If you are new to Temple Shalom and do not know anyone who is able to propose or second you, please contact me and I will make the necessary arrangements. For those who are not sure about applying or who may be seeking further information, please do not hesitate to contact me or the office to arrange an appointment.

Louise Ward  
President  
Temple Shalom Gold Coast

**Please click the membership/affiliation category for which you are making application.**

**MEMBER.** *(To be eligible for membership, the applicant must be Jewish.)*

- Family Standard:** Two adults, children under 18 and full time students 18 to 24 years.
- Family Single:** One adult, children under 18 and full time students 18 to 24 years.
- Adult Single:** One adult.
- Junior Single:** One young person, 13 to 17 years or one full time student 18 to 24 years.

**MEMBER & AFFILIATE.** *(This category is for a Jewish applicant and their non-Jewish spouse/partner.)*

- Family Combined:** One Jewish adult (member) and their non-Jewish spouse/partner (affiliate). Any children under 18 and full time students 18 to 24 years will be either members or affiliates, as appropriate, depending on specific family circumstances.

**AFFILIATE.** *(These categories are for applicants who are not Jewish.)*

- Friends of Temple Shalom Standard:** Two non-Jewish adults and all children under 18.
- Friends of Temple Shalom Single:** One non-Jewish adult.

**If the applicant's partner/spouse is already a member, what is their full name?**

*(Please type in the box below)*

**Application for Person A.** *(Please click the appropriate box)*

I am Jewish and I am applying for Membership.  I am not Jewish and I am applying for Affiliation.

Title:  Name:

Age:  Date of Birth:

Residential Address:

Postal Address: (if Different)

Phone (home):  Mobile:

Email:

Hebrew Name:

Occupation:

**Application for Person B.** (Please click the appropriate box)

I am Jewish and I am applying for Membership.  I am not Jewish and I am applying for Affiliation.

Title:  Name:

Age:  Date of Birth:

Residential Address:

Postal Address: (if Different)

Phone (home):  Mobile:

Email:

Hebrew Name:

Occupation:

**Relationship Status:** Married  With Partner  Single  Widowed  Divorced  Separated

If married, date?

If married in a synagogue, name and address of synagogue:

If previously a member of another congregation, name and address of congregation:

**Family Information: (If there is insufficient space, please include additional information on the back page and indicate by clicking the box below.)**

I have included additional information on the back page.

**Children Under 18**

**Full Name of Child 1:**

Hebrew Name/s

Date of Birth:

Gender: Male  Female

Bar/Bat Mitzvah? Yes  No  Bar/Bat Mitzvah Date:

Address Where Bar/Bat Mitzvah Held:

**Full Name of Child 2:**

Hebrew Name/s

Date of Birth:

Gender: Male  Female

Bar/Bat Mitzvah? Yes  No  Bar/Bat Mitzvah Date:

Address Where Bar/Bat Mitzvah Held:

**Full Name of Child 3:**

Hebrew Name/s

Date of Birth:

Gender: Male  Female

Bar/Bat Mitzvah? Yes  No  Bar/Bat Mitzvah Date:

Address Where Bar/Bat Mitzvah Held:

**Family Information: (If there is insufficient space, please include additional information on the back page and indicate by clicking the box below.)**

I have included additional information on the back page.

**Full Time Students Aged 18 - 24**

**Full Name of Student 1:**

Hebrew Name/s

Date of Birth:

Gender: Male  Female

Bar/Bat Mitzvah? Yes  No  Bar/Bat Mitzvah Date:

Address Where Bar/Bat Mitzvah Held:

**Full Name of Student 2:**

Hebrew Name/s

Date of Birth:

Gender: Male  Female

Bar/Bat Mitzvah? Yes  No  Bar/Bat Mitzvah Date:

Address Where Bar/Bat Mitzvah Held:

**Full Name of Student 3:**

Hebrew Name/s

Date of Birth:

Gender: Male  Female

Bar/Bat Mitzvah? Yes  No  Bar/Bat Mitzvah Date:

Address Where Bar/Bat Mitzvah Held:

**All applicants must provide proof of identity.** All membership applicants must also provide proof of Jewish identity. (See the below for details of appropriate documents)

Documents attached?      Yes       No

Proposer Name

Secunder Name

Signature Proposer.....Date.....

Signature Secunder.....Date.....

By signing this application, I/we agree to be bound by the constitution, rules and regulations of Temple Shalom. I/We acknowledge that we have received and read a copy of the Temple Shalom Child Protection Policy and agree to abide by its contents. (For those applying for Membership) I/We declare that I am/we are of the Jewish faith and do not practice any other faith.

Signature (Person A).....Date.....

Signature (Person B).....Date.....

**Recommendation to the Board by the Rabbi.**

Recommended for Membership       Not Recommended for Membership

Signature of Rabbi.....Date.....

**Board Decision**

Approved for Membership       Not Approved for Membership

Signature of President.....Date.....

**Proof of Identity**

For security reasons, all applicants must provide photo ID. Suitable documents include, driver's licence, passport or student card. For those applying for membership, proof of Jewish identity is also required. Two suitable documents must be provided eg, Brit Milah/naming certificate and Ketubah. Alternatively a letter from a Rabbi is sufficient proof. The original documents may be presented at the office with the application where they will be photocopied and then returned. Alternatively, a photocopy may be attached to your application as long it is certified by a Justice of the Peace.

## Payment of Fees

Should an applicant have difficulty in paying fees, it is necessary to apply to the President for special consideration. The President is empowered to arrange a reduction in fees or accept periodic part payment, with such arrangements being confidential between the President and the applicant/s.

## Voting Rights

Please note that only financial members over the age of 18 are able to vote at meetings of the congregation, to nominate or second a person to the Board of Management, and to be nominated or co-opted to the Board of Management. To be regarded as being 'financial', at a particular time, the member must not be in arrears in whole or in part. Where a member has negotiated a periodic part payment plan for their membership fees or a lesser amount has been agreed, they are regarded as being financial, as long as they are not in arrears for the negotiated payment.

**Yearly Fees** (Please click the category that you previously nominated at the start of the application.)

- |   |  |
|---|--|
| <input type="checkbox"/> Member - Family Standard \$540 | <input type="checkbox"/> Member/Affiliate - Family Combined \$340                |
| <input type="checkbox"/> Member - Family Single \$270   | <input type="checkbox"/> Affiliate - Friends of Temple Shalom, Standard \$100    |
| <input type="checkbox"/> Member - Adult Single \$270    | <input type="checkbox"/> Affiliate - Friends of Temple Shalom, Adult Single \$70 |
| <input type="checkbox"/> Member - Junior \$75           |  |

**Payment Method:**  Cheque attached  Online transfer (see banking details below)

**Amount:**  Payment in full.  Part/reduced payment. (if previously negotiated with the President)

Periodic payment, arranged with the President and the bank. Initial payment of \$

## Public Liability Insurance

Temple Shalom Gold Coast holds public liability insurance up to an amount of \$20 million

## Contact by Email

The Guild and the Board of Management may contact me by email.  Yes  No

**When the Application is Completed**, please bring/send it, along with documentation and fee payment, (where paying by cheque) to the following address. Please note the Board of Management will only consider completed applications.

**Address:** Temple Shalom, 3 St Pauls Place, Isle of Capri, Q 4217. PO Box 5857, Gold Coast Mail Centre, Q 9726. Tel/Fax 07 5570 1716. Email: ts\_gcenquiries@hotmail.com

**Banking Details:** Temple Shalom, Westpac, Southport, BSB 034 215, Acc. 33 4329

Please follow up with an email to the office containing a receipt showing payment by transfer.

## Additional Information