### **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 Seconder 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.

**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.)

#### Yearly Fees

We recognise that some of you are in more fortunate circumstances than others. We ask that you share your good fortune by paying more to support a community where everyone is welcomed and valued, regardless of their ability to pay. We ask those who can afford to do so, to choose to pay the amount that it actually costs to keep the Temple open. The amount needed to sustain our congregation per year is an average of \$650 per member, (\$1300 per couple.) For those who cannot pay that amount please pay whatever you can above the minimum fee listed below.

#### Membership/Affiliate Minimum Fee

| Member - Family Standard \$744             | Please Set Your Own Yearly fees  |           |
|--|--|-----------|
| Member - Family Single \$372               | I/We will pay  | per year. |
| Member - Adult Single \$372                |  |           |
| Member & Affiliate - Family Combined \$442 | Should your application be successful you will invoiced for this amount. Your membership/affiliation |           |
| Member - Junior \$100                      | will become active upon receipt of payment.  | payment.  |
| Affiliate - Adult Single \$125             |  |           |

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): Mo   | obile: |  |
| Email:   |        |  |
| Hebrew Name:   |        |  |
| Occupation:  |        |  |
|  |        |  |

| Application for Person B. (Please click the appropriate box) 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): M  | obile: |  |
| Email:   |        |  |
| Hebrew Name:   |        |  |
| Occupation:  |        |  |
|  |        |  |

| Relationship Status: Married  With Partner  Single  Widowed  Divorced  Se         | eparated 🗌 |  |
|---|------------|--|
| 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 Continued: (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.  $\Box$ 

| 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 last page for details of appropriate documents)

| Documents attached? Yes I N   |                                  |
|---|----------------------------------|
| Proposer Name   |                                  |
| Seconder Name   |                                  |
| Signature Proposer  | Date                             |
| Signature Seconder  | 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.

#### **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 to the following address.

**Address:** Temple Shalom, 3 St Pauls Place, Isle of Capri, Q 4217. PO Box 481, Isle of Capri, Q 4217. Tel/Fax 07 5570 1716. Email: <u>ts\_gcenquiries@hotmail.com</u>

#### Additional Information