

TEMPLE ISRAEL - HILLBROW

APPLICATION FOR CONVERSION/FRIEND OF TEMPLE ISRAEL

SURNAME: (DR/MR/MRS/MISS): _____

FIRST NAME: _____ DATE OF BIRTH: _____

WIFE'S FIRST NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

_____ CODE: _____

BUS. ADDRESS: _____

_____ CODE: _____

CORRESPONDENCE TO: BUS. ADDRESS/HOME ADDRESS/EMAIL (Please indicate preference)

Previous Religious Affiliation: _____

Reason for wanting to convert to Judaism / become a friend of Temple Israel: _____

HOME TELEPHONE: _____ CELL NO: _____

BUS. TELEPHONE: _____ EMAIL: _____

SIGNATURE: _____

CHILDREN:

NAME:

DATE OF BIRTH:

1. _____

2. _____

3. _____

4. _____

Pledge per month: R _____

Banking details:

Temple Israel

First National Bank

Psrktown (250 455)

Account: 50533884489