



TEMPLE ISRAEL – HILLBROW



APPLICATION FOR MEMBERSHIP

I/We, being of the Jewish faith, hereby apply for membership of Temple Israel, and agree to subscribe to the Constitution and By-laws of the Congregation as at present in force or as amended from time to time. I/We agree to pay the membership fees as laid down by the Management Committee of the Congregation and understand that this application is subject to acceptance by the Management Committee. Please include proof of Jewishness (Marriage Certificate, Letter from a Rabbi or Management of a Shul etc.)

PLEASE NOTE: Our financial year commences on the 1st day of January and membership fees are payable monthly. Should you for any reason find it necessary to terminate your Membership, this MUST be submitted in WRITING, and you will be liable for payment for any outstanding subscriptions. **Current membership fees are, Family R4200.00 (R350.00 monthly), Single R1800.00 (R150.00 monthly).**

SIGNATURE: _____

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

FIRST NAME: _____ DATE OF BIRTH: _____

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

HOME ADDRESS: _____

_____ CODE: _____

BUS. ADDRESS: _____

_____ CODE: _____

HOME TELEPHONE: _____ CELL NO: _____

BUS. TELEPHONE: _____ EMAIL: _____

BUS. TELEPHONE (MRS): _____

DATE AND PLACE OF MARRIAGE: _____

PREVIOUS SHUL AFFILIATION: _____

CHILDREN:

	<u>NAME:</u>	<u>DATE OF BIRTH:</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Yahrzeits:

	<u>NAME:</u>	<u>RELATIONSHIP:</u>	<u>DATE OF DEATH:</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Bank details: First National Bank. Account: Temple Israel Account No: 50533884489 Branch: 250655