**Administration Head Office**

**5 Salisbury Road, Wynberg, 7708,**

### Tel: +27 (0)21 762 1745

### Fax: +27 (0)21 797 8309

### e-mail: wynberg@templeisrael.co.za

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| **APPLICATION FOR MEMBERSHIP** |
| **Membership status application (mark with X)** | Single | Family | Single Parent Family | Digital/Country |
| **Principal Member’s Details** |  |
| First Name(s) |  |
| Surname |  |
| Full Hebrew Name(s) |  |
| Date of Birth |  | ID No. |
| Occupation |  |
| Own Company (Y or N) |  |
| Name of Company |  |
| Hobbies |  |
| Work Telephone No. |  | Fax No. |
| Cell No. |  |
| e-mail |  |
| Home Telephone No. (if applicable) |  |
| Home Physical Address |  |
|  |  | Code:  |
| Postal address, if different to above |  |
| Were you born Jewish or became Jewish?  |  |
| If the latter, at which Shul & which year? |  |
| Name of shul campus you most attend | Green Point | Wynberg | West Coast |
|  |  |  |  |
| **The Following Refers To Your Spouse/Partner** |  |
| First Name(s) |  |
| Surname |  |
| Full Hebrew Name(s)  |  |
| Date of Birth |  | ID No. |
| Occupation |  |
| Own Company (Y or N) |  |
| Name of Company |  |
| Hobbies |  |
| Work Telephone No. |  | Fax No. |
| Cell No. |  |
| E-mail |  |
| Were you born Jewish or became Jewish?  |  |
| If the latter, at which Shul & which year? |  |
| (If applicable) Wedding anniversary |  |
| **Children’s Information** | Child One | Child Two | Child Three |
| First Name(s) |  |  |  |
| Surname |  |  |  |
| Hebrew Name(s)  |  |  |  |
| B-mitzvah date |  |  |  |
| Date of birth |  |  |  |
| Hobbies |  |  |  |
| School attending – grade |  |  |  |
| University studying at |  |  |  |
| Degree Studied |  |  | **Please Turnover** |
| Location – RSA or overseas (please state) |  |  |  |
| Are you related to any existing member of the Congregation and, if so, to whom? |  |
| Please give the names of two Jewish families, resident in Cape Town, to whom you are known. |
| 1. | Tel Phone No. |
| 2. | Tel Phone No. |
| Name of previous Congregation, if applicable. |  |
| **I/we being of the Jewish faith, hereby wish to apply for membership of the Cape Town Progressive Jewish Congregation and agree to abide by the constitution of the Congregation, as at present in force, or as amended from time to time. I agree to pay the annual membership fees as laid down by the Board of the Congregation as shown below on the form or as agreed with the Finance Committee. I/We also agree to furnish any proof of Jewish status if requested by Temple Israel.** |
| Indicate how fees will be paid (mark **X** on correct category) | Cash | Cheque | Credit Card | Debit Order | Other |
| If paying by credit card please supply credit card no. |  | Expiry Date:  |
| **If Paying By Monthly Debit Order Please Complete The Attached Form.** |
| Please indicate if you are interested in serving on any of our committees. |  |
| If NO to above, suggest other ways in which you can make a meaningful contribution to the Congregation. |  |
| Would you and/or your children be interested in information regarding our Youth Movement – NETZER |  |
| Any further **GENERAL INFORMATION** of note regarding yourself and/or your family  |  |
|  |
| Membership Fees (mark **X** on correct category) | Family | Single Person | Single Parent Family | Country | Digital |
| Signature | Date:  |

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| **FOR OFFICE USE** | **Executive****Director** | **Rabbi** | **Board****Approval** | **Data Update** | **Welcome Letter** | **Accounts** | **Signed Off** |
|  |  |  |  |  |  |  |

**YAHRZEIT REGISTER**

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| --- | --- |
| 1.2.3.4. | DATE OF DEATH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BEFORE/AFTER SUNSET RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FULL NAME OF DECEASED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTIFICATION TO BE SENT TO MR/MRS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF DEATH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BEFORE/AFTER SUNSET RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FULL NAME OF DECEASED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTIFICATION TO BE SENT TO MR/MRS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF DEATH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BEFORE/AFTER SUNSET RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FULL NAME OF DECEASED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTIFICATION TO BE SENT TO MR/MRS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF DEATH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BEFORE/AFTER SUNSET RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FULL NAME OF DECEASED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTIFICATION TO BE SENT TO MR/MRS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |