ב״ה

Southern Sydney Synagogue

Incorporating Illawarra & Bankstown Synagogues and South Coast Hebrew Congregation
(ACN 000 543 626)
502 Railway Parade, ALLAWAH NSW 2218
PO Box 119 ALLAWAH NSW 2218
Tel: 9587 5643

Mr/Mrs/Miss/Master ..... Cohen/Levi/Israeli
(Delete as applicable) **(SURNAME)** (Delete as applicable)

Given Names .....

Hebrew Name .....

Private Address .....

.....

Telephone No. Home :..... Mobile:.....

Work: ..... Email: ……

Given Names of Spouse .....

Hebrew Name of Spouse .....

Date and Place of Marriage .....

I/We desire to become a member of the Southern Sydney Synagogue, as incorporated, and hereby authorise you to enter my/our name(s) in the Register of the Synagogue Members.

In such event I/We agree to be bound by the Constitution.

Dated this ..... day of ..... 20.....

Signature/s ..... , and .....

If requiring Membership at Pensioner Rates, please quote your Pension Number: ……..

YAHRZEITS (Please include any family for our records)

English Name	Hebrew Name	Relationship to you	Date of Passing (dd/mmm/yyyy)

Please return completed form to the above address

www.southernsydneysynagogue.org
info@southernsydneysynagogue.org