



Southern Sydney Synagogue

Incorporating Illawarra & Bankstown Synagogues and South Coast Hebrew Congregation
(ABN 89 000 543 626)

Cnr. Noble Street & Railway Parade,
 P.O. Box 342 , SOUTH HURSTVILLE, NSW, 2221
 Tel: 9587 5643



MEMBERSHIP APPLICATION

Mr/Mrs/ Miss	Given Name	Hebrew Name	Surname	Cohen/Levi/Israeli

Private Address

.....Postcode:

Telephone No. Home (02) Mobile No.

Work (02)

Email address:

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 Members of the Synagogue.

In such event I/We agree to be bound by its 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/mm/yyyy)

Please send completed form to the above address or email to
info@southernsydneysynagogue.org