



# 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](mailto:info@southernsydneysynagogue.org)