

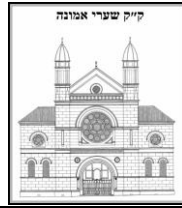
ק"ק שערי אמונה

Brisbane Hebrew Congregation

A.B.N. 98 914 334 669

BHC Memberships
Replies to
membership@brishc.com

www.brishc.com



BHC Memberships
P.O. Box 15049
City East Post Shop
QLD 4002

Membership Application

Thank you for considering joining the Brisbane Hebrew Congregation.

Mandatory Information				
Name	Forename		Surname	
Address	Number		Street Name	
	Suburb		Postcode	
Contacts	Email		Email	
	Mobile		Land Line	
Details	Date of Birth		Hebrew Name	
	Gender		Bar Mitzvah Portion (for male if known)	
Spouse	Forename		Surname	
Contacts	Email		Email	
	Mobile		Land Line	
Details	Date of Birth		Hebrew Name	
	Gender		Bar Mitzvah Portion (for male if known)	

PLEASE NOTE: We require some essential documentation for your application to be processed in the form of at least **one** of these documents-personal Katuba, parents Katuba, Conversion certificate, previous record of membership of orthodox congregation or completion of religious milestones, and transfer clearance from your previous congregation.

Compulsory Information				
Name	Forename		Surname	
Address	Number		Street Name	
	Suburb		Postcode	
Contacts	Email			
	Mobile		Land Line	
Date of Birth	/ /	Hebrew Name		

ק"ק שערי אמונה

Brisbane Hebrew Congregation

A.B.N. 98 914 334 669

Spouse	Forename		Surname	

About Your Household (Optional)				
Males	Male Child #1		Male Child #2	Male Child #3
Forename				
Surname				
Date of Birth				
Hebrew Name				
Bar Mitzvah Portion				
Females	Female Child #1		Female Child #2	Female Child #3
Forename				
Surname				
Date of Birth				
Hebrew Name				

Family Yahrtzeit (Optional)			
Name	Relationship	Hebrew (if known)	Date of passing

I hereby make application to become a member of the Brisbane Hebrew Congregation and I declare that the above are true to the best of my knowledge.

I desire to have men seat/s and/or ladies' seat/s for my use.

Signature Date.....

Please notify name/s to be engraved on seat plate/s. Please note only initials and surnames. No titles or full first names are displayed (i.e. I. Isaacs)

Thank you for your continued support.

ק"ק שערי אמונה

Brisbane Hebrew Congregation

A.B.N. 98 914 334 669

..
..
..

Initials Surname

Membership Fees:

Membership fees are based on where seats are in the synagogue. The closer the seat is to the "bimah" the greater the cost.

At this stage of the application all we need to know is how many seats you require. As part of the process our one of our membership team members will be in touch to discuss which seats are available and the associated costs.

Once the membership application has been formalised and you have accepted an account will be sent to you for payment. Your membership payment is governed by our [Refund Policy](#). Your application is covered by our [Privacy Policy](#).

We look forward to welcoming you and your family as members of our Historic congregation.

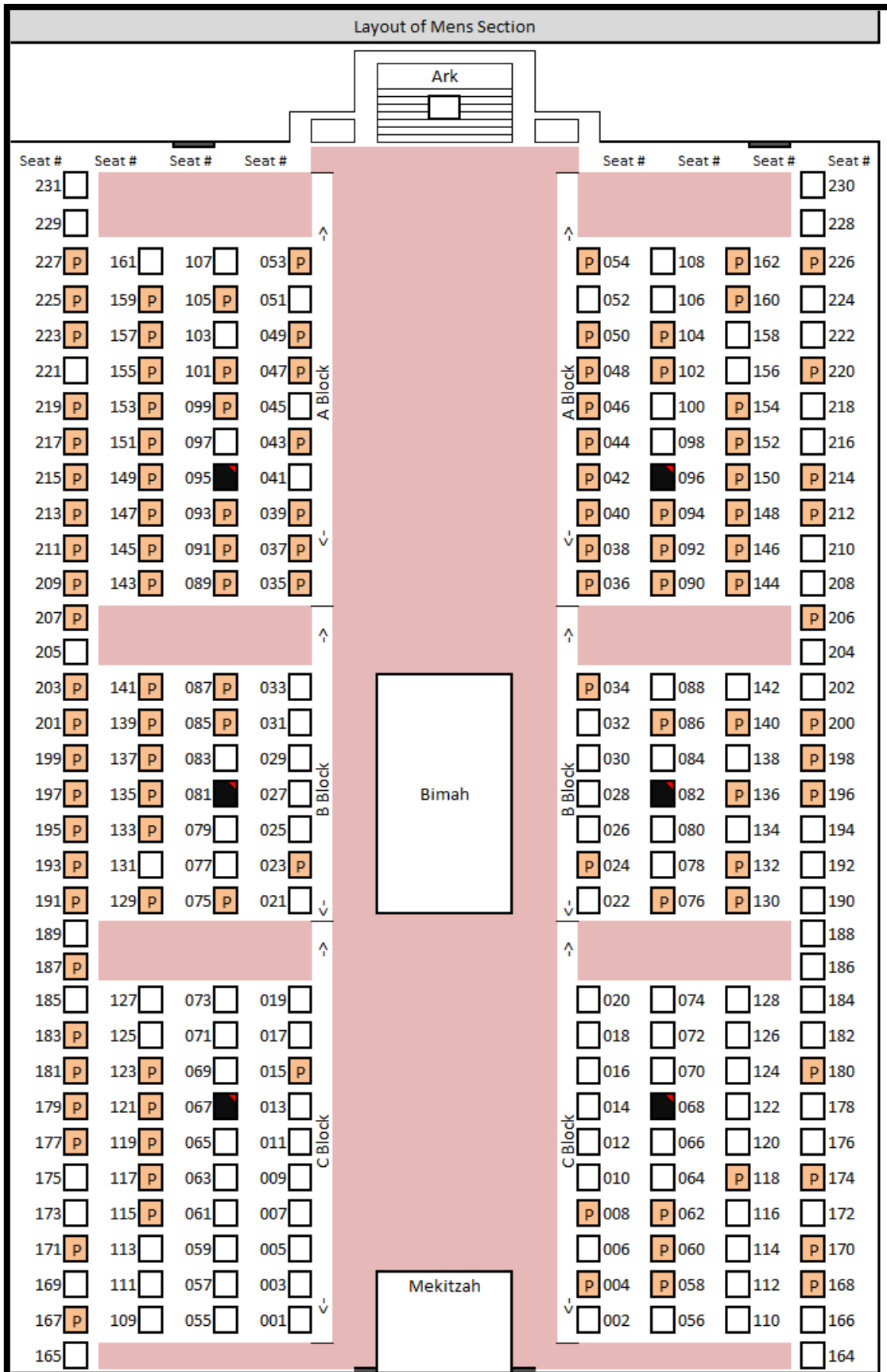
If you have any queries regarding membership or this form, please contact us via email membership@bishc.com

Thank you for your continued support.

ק"ק שערי אמונה

Brisbane Hebrew Congregation

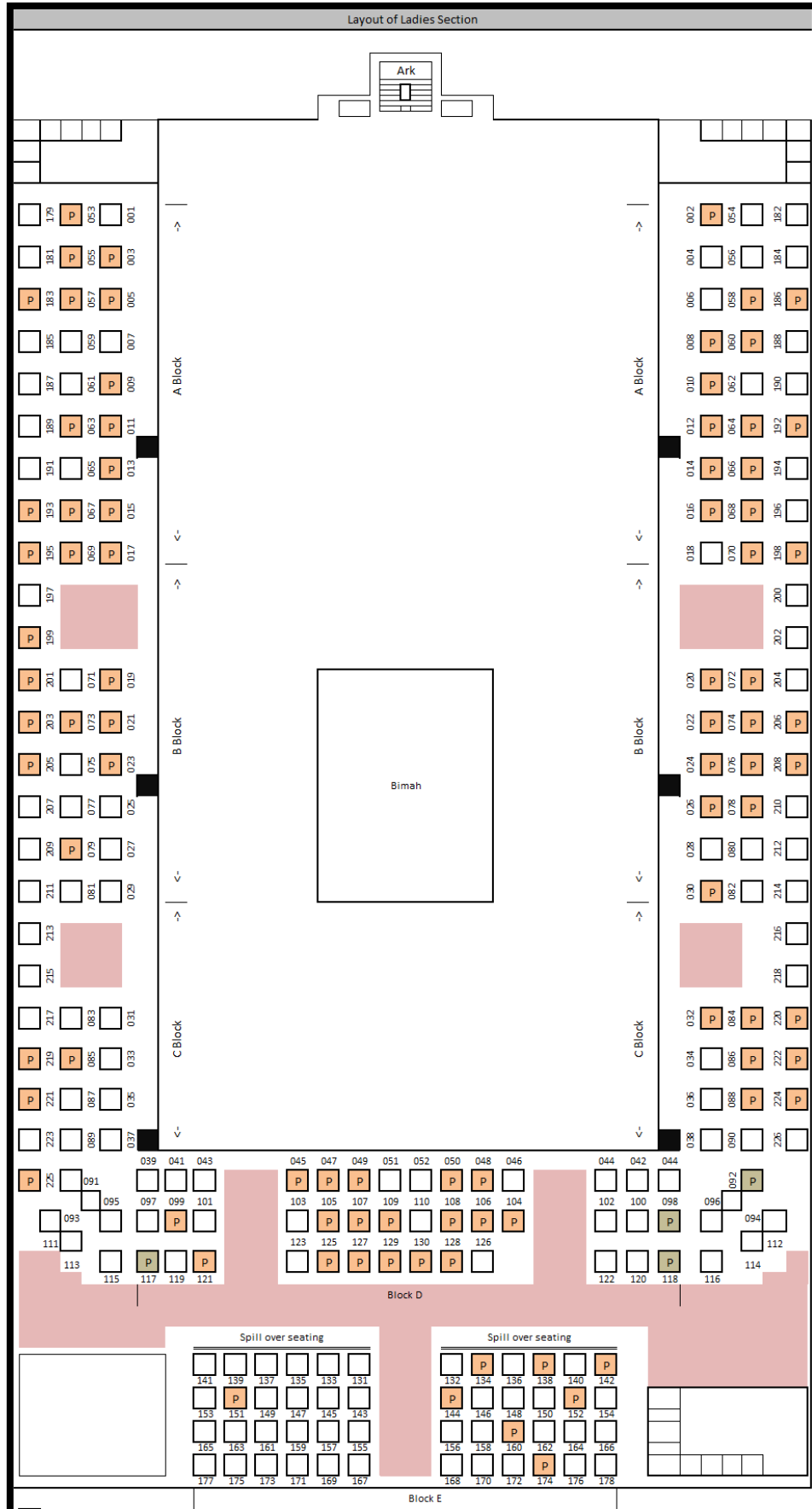
A.B.N. 98 914 334 669



Thank you for your continued support.

ק"ק שערי אמונה Brisbane Hebrew Congregation

A.B.N. 98 914 334 669



Thank you for your continued support.