



Kedem - Application for Membership 2021

Office Use Only
Date of Joining: _____
Membership Category: _____
Notes: _____

Please return completed form to: Kedem Administration Officer Kedem PO Box 1043 Caulfield North Vic 3161
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We appreciate the time it takes you to gather the information requested in this form. Should you have any queries, or if you would like assistance completing the form, please contact Rosi Meltzer, Kedem's Administration Officer, 0414 328 272

Section 1 – Details of Adults:

Adult 1

Title:	Surname:	First Name:	Middle Name:
Mailing Address:			
Suburb:		State:	Postcode:
Email Address:			
Home Telephone:		Mobile Telephone:	
Date of Birth:			
Please tell us why you would like to become a member of Kedem?			
Have you been, or are you currently, a member of another congregation? Yes <input type="checkbox"/> No <input type="checkbox"/>			Please Specify:

Adult 2

Title:	Surname:	First Name:	Middle Name:
Mailing Address:			
Suburb:	State/Country:	Postcode:	
Email Address:			
Home Telephone:		Mobile Telephone:	
Date of Birth:			
Please tell us why you would like to become a member of Kedem?			
Have you been, or are you currently, a member of another congregation?		Please Specify:	
Yes <input type="checkbox"/> No <input type="checkbox"/>			

Section 2 – Details of Children:

Please complete this section for each child under 25 years of age living with you to be included in this membership. Children aged 26+ (or married children) are required to register for membership in their own right.

Child 1.			
First Name:	Surname:	D.O.B.	Place of Birth:
Email Address:			
Child 2.			
Given Name:	Family Name:	D.O.B.:	Place of Birth:
Email Address:			
Child 3.			
Given Name:	Family Name:	D.O.B.:	Place of Birth:
Email Address:			
Child 4.			
Given Name:	Family Name:	D.O.B.:	Place of Birth:
Email Address:			

The King David School: Note that A family with at least one child enrolled at The King David School is entitled to a discount on their membership fee. For more information regarding this rebate please contact KDS.

Section 3 – Yahrzeit Details:

This information enables us to send you reminders about the Yahrzeits you would like to mark during the year. Kedem will print your Yahrzeits in the E-Kedem newsletter, announce them in services and remind you of your upcoming Yahrzeits by email.

Which anniversary date do you observe? Hebrew English

If you don't know the year of passing, use 5600 as the year for Hebrew dates, or 1900 as the year for English dates.

Name of Deceased	Date of Passing		Relationship
	English	Hebrew	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please note that for the Mourner's Kaddish prayer, we announce the names of people being remembered with the information you provide in the "relationship" section.

Section 4 – Involvement in Kedem:

Kedem was founded with the vision of engaged participation. This was seen as a meaningful way of being involved in our Jewish community. We aim to create an uplifting spirit & a place where people know each other's names. By joining Kedem you are joining a community that appreciates your involvement. Today part time professionals contribute to running some aspects of Kedem, but we still depend on volunteer assistance.

If you would like to be involved in any of the following, or if you would like more information about any of the following, please fill out the form below. *Otherwise, take some time to get to know Kedem, and be in touch at some time in the future about what appeals to you.*

I am interested in assisting with:	Names	
Adult education		
Social activities (bike rides, book groups, theatre events etc)		
I have skills in / am interested to learn about		
Fundraising		
Marketing		
Events (guest speakers, panels, debates)		
Tikkun Olam (social & environmental action)		
Catering or food preparation		
The Kedem Board		
I have skills in / am interested to learn about		
Service leading		
Reading from the Torah		
Reading the Haftarah		
Giving a Drash/D'var Torah		
Cantorial role /singing in services		
Instrument playing		
Gabbai – offering blessings to people called to the Torah		
Shammas – allocating Honours in the service		
Rituals in prayer services		
Meditation in services		

Section 5 – Other Information:

(Optional) Do you have any physical conditions which may require our assistance in order for you to attend services and events?

No Yes (If Yes, please specify):.....
.....

For when you have an Aliyah (call up to the Torah)

Adult 1.

English name

Your Hebrew name

Adult 2.

English name

Your Hebrew name

Additional information you would like to share

Section 6 – Signature(s) of Applicants

Name:		Name:	
I hereby state that the information I have provided in this application is true and correct.		I hereby state that the information I have provided in this application is true and correct.	
Signature:	Date:	Signature:	Date: