

Kedem - Application for Membership 2019

Office Use Only

Date of Joining _____

Membership Category _____

Notes _____

Please return completed form to:
The Membership Coordinator
c/- Kedem
PO Box 1043
Caulfield North Vic 3161

Kedem collects personal information from our members to enable us further to develop our community and tailor our programs to meet the specific needs of our membership.

The information will only be used for the Kedem database and to provide contact details to Progressive Jewish roof bodies to which Kedem is affiliated.

Section 1 - Primary Contact Details / Mailing Address

Family Name:		
Mailing Address:		
Suburb:	State/Country:	Postcode:
Phone Details: Home:		
Is this a silent number? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you consent to Kedem passing on your contact details to the UPJ (Union of Progressive Judaism), the PJV (Progressive Judaism Victoria - the umbrella organisation of our congregation), to the Australian Reform Zionist Association (if you elect to become an ARZA member), The King David School and the UIA (Progressive Trust) only? Yes <input type="checkbox"/> No <input type="checkbox"/>		
From time to time Kedem uses images of members to publicise our activities. Please tick to give consent and cross out any that do not apply. <input type="checkbox"/> I consent to Kedem using my image and/or my children's images on Kedem publications, in print media such as the Jewish News and/or on social media.		

Section 2 – Details of Adults

Adult 1

Title:	Surname:	First Name:	Middle Name:
Email Address:			
Male <input type="checkbox"/> Female <input type="checkbox"/>		Mobile Telephone:	
Maiden Name: (If applicable)		Hebrew Name: ben/bat	
Fathers English Name:		Father's Hebrew Name:	
Mothers English Name:		Mother's Hebrew Name:	
If Jewish by choice, Please provide date of Conversion and where study was undertaken:			
Date of Birth:		Place of Birth:	
Bar/Bat Mitzvah Date:		Bar/Bat Mitzvah Place:	
Bar/Bat Mitzvah Portion:			
Have you had any Jewish education? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, where?			
How many years?		Level achieved?	
Do you read Hebrew? No <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Fluent <input type="checkbox"/>			
Relationship Status:			
If married - Date:		Place:	
Liberal <input type="checkbox"/> Orthodox <input type="checkbox"/> Civil <input type="checkbox"/> Other <input type="checkbox"/> Please Specify:			
Are you currently a member of another congregation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please Specify:			
Have you been a member of another congregation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please Specify:			
Work Details (Optional)			
What is your occupation?			
Industry / Product / Service?			
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other:			
Work Address:			Postcode:
Business Phone:			
Business E-mail:			
(Optional) Do you have any physical limitations which may require our assistance to attend services? No <input type="checkbox"/> Yes <input type="checkbox"/> (If Yes, please specify) :			

Adult 2

Title:	Surname:	First Name:	Middle Name:
Email Address:			
Male <input type="checkbox"/> Female <input type="checkbox"/>		Mobile Telephone:	
Maiden Name: (If applicable)		Hebrew Name: ben/bat	
Fathers English Name:		Father's Hebrew Name:	
Mothers English Name:		Mother's Hebrew Name:	
If Jewish by choice, Please provide date of Conversion and where study was undertaken:			
Date of Birth:		Place of Birth:	
Bar/Bat Mitzvah Date:		Bar/Bat Mitzvah Place:	
Bar/Bat Mitzvah Portion:			
Have you had any Jewish education? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, where?			
How many years?		Level achieved?	
Do You Read Hebrew? No <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Fluent <input type="checkbox"/>			
Relationship Status:			
If married - Date:		Place:	
Liberal <input type="checkbox"/> Orthodox <input type="checkbox"/> Civil <input type="checkbox"/> Other <input type="checkbox"/> Please Specify:			
Are you currently a member of another congregation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please Specify:	
Have you been a member of another congregation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please Specify:	
Work Details (Optional)			
What is your Occupation?			
Industry / Product / Service?			
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other:			
Work Address:			Postcode:
Business Phone:			
Business E-mail:			
(Optional) Do you have any physical limitations which may require our assistance to attend services? No <input type="checkbox"/> Yes <input type="checkbox"/> (If Yes, please specify) :			

Section 3 – Details of Children

Please complete 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. Male <input type="checkbox"/> Female <input type="checkbox"/>			
Given Name:		Family Name:	
D.O.B.:		Place of Birth:	
Email Address:			
Hebrew Name:		Bar / Bat Mitzvah Date:	
		Bar / Bat Mitzvah Place & Portion:	
School:		Tertiary Inst. (if relevant):	
		Working?	
		Self Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/>	
Child 2. Male <input type="checkbox"/> Female <input type="checkbox"/>			
Given Name:		Family Name:	
D.O.B.:		Place of Birth:	
Email Address:			
Hebrew Name:		Hebrew Name:	
		Bar / Bat Mitzvah Place & Portion:	
		Marital Status:	
		Spouse Name:	
School:		School:	
		Working?	
		Self Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/>	
Child 3. Male <input type="checkbox"/> Female <input type="checkbox"/>			
Given Name:		Family Name:	
D.O.B.:		Place of Birth:	
Email Address:			
Hebrew Name:		Bar / Bat Mitzvah Date:	
		Bar / Bat Mitzvah Place & Portion:	
		Marital Status:	
		Spouse Name:	
School:		School:	
		Working?	
		Self Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/>	
Child 4. Male <input type="checkbox"/> Female <input type="checkbox"/>			
Given Name:		Family Name:	
D.O.B.:		Place of Birth:	
Email Address:			
Hebrew Name:		Bar / Bat Mitzvah Date:	
		Bar / Bat Mitzvah Place & Portion:	
		Marital Status:	
		Spouse Name:	
School:		School:	
		Working?	
		Self Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other <input type="checkbox"/>	

Section 4 – Yahrzeit Details

Would you like the Yahrzeit printed in the E-Kedem/Megillah?

Yes ☐ No ☐

Would you like Kedem to mark Yahrzeits on your behalf / your family's behalf?

Yes ☐ No ☐

Do you wish to be advised of Yahrzeits?

Yes ☐ No ☐

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 Yizkor prayer, we announce the names of people being remembered with the information you provide in the "relationship" section.

Section 5 – Involvement in Kedem

Kedem was founded with the vision of engaged participation. This was seen as a more meaningful way of being involved in the 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 active involvement. Today we are run through a combination of professional & volunteer assistance. Please fill out the form below to let us know which areas you would like to become involved in. Thanks so much.

I am interested in assisting with	Names	
Young children's activities		
Youth / young adult activities		
Adult education		
Social activities (bike rides, book groups, theatre etc)		
I have skills in / am interested to learn about		
Events (such as Art Connected, guest speaker panels etc)		
Catering or food preparation		
Fundraising		
Tikkun Olam (social & environmental action)		
Ritual		
Membership		
Marketing		
Strategy and planning		
Kedem Board		
Caring Committee		
I have skills in / am interested to learn about		
Service leading		
Reading from the Torah		
Reading Haftarah		
Giving a Drash		
Singing / cantorial		
Instrument playing		
Gabbai – offering blessings to people called to Torah		
Shammas – facilitating honours in the service		

Section 6 – Other Information

Please provide any additional information you would like to share.

Section 7 – Referees

The Kedem constitution specifies that membership of Kedem is available to individuals who are Jewish according to Jewish Law. It is for this reason that new members are asked to provide two Jewish referees that can be directly contacted by Kedem.

Referee 1

Name:	
Address:	
Contact telephone numbers: Home:	Mobile:

Referee 2

Name:	
Address:	
Contact telephone numbers: Home:	Mobile:

Section 8 – Applicants Signature/s

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: