

# Application for New Friend of Kedem 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

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:	
Email Address:			
Date of Birth:			
Please tell us why you would like to become a new friend 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:	
Email Address:			
Date of Birth:			
Please tell us why you would like to become a new friend of Kedem?			
Have you been, or are you currently, a member of another congregation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Please Specify:	

## Section 3 – Other Information

Please provide any additional information you would like to share.

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## Section 4 – Applicants Signature/s

<b>Name:</b>		<b>Name:</b>	
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.	
<b>Signature:</b>	<b>Date:</b>	<b>Signature:</b>	<b>Date:</b>