

Interests

I am interested in becoming involved and/or receiving updates on the following activities. There may be other areas in which you are interested. If so, please tell us.

- | | |
|--|---|
| <input type="checkbox"/> Aesthetics | <input type="checkbox"/> Melodies with Meaning |
| <input type="checkbox"/> Bar/Bat Mitzvah Classes | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Bikkur Cholim | <input type="checkbox"/> Muslim Jewish Dialogue Group |
| <input type="checkbox"/> Bush Walk and <i>Torah</i> Talk | <input type="checkbox"/> <i>Mussar: Jewish Ethics</i> |
| <input type="checkbox"/> Cantillation Classes | <input type="checkbox"/> Netzer |
| <input type="checkbox"/> Chevrah Torah Luncheons | <input type="checkbox"/> North Shore Israel Solidarity and Culture Club |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Community Support | <input type="checkbox"/> Parents' Committees |
| <input type="checkbox"/> Conversations with Rabbi Lampert | <input type="checkbox"/> <i>Parshat Ha'Shavu'a Torah</i> Study Group |
| <input type="checkbox"/> Dive Group | <input type="checkbox"/> Playgroup |
| <input type="checkbox"/> Emma and Martin Hannes Pre-School | <input type="checkbox"/> Pondering the <i>Parasha</i> |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> <i>Post B'nei Mitzvah</i> Classes |
| <input type="checkbox"/> Hatikvah | <input type="checkbox"/> Property and Security |
| <input type="checkbox"/> Hebrew and Religion School | <input type="checkbox"/> Publicity and Public Relations |
| <input type="checkbox"/> Hebrew in One Day | <input type="checkbox"/> Services and Rituals |
| <input type="checkbox"/> <i>Hilchot U'Minhagim</i> Jewish Laws and Customs | <input type="checkbox"/> Shabbat Care |
| <input type="checkbox"/> Introduction to Hebrew | <input type="checkbox"/> <i>Shabbat</i> Tot |
| <input type="checkbox"/> Introduction to Judaism | <input type="checkbox"/> Shabbos Schmooze |
| <input type="checkbox"/> Israeli Dancing | <input type="checkbox"/> Shalom Group |
| <input type="checkbox"/> Jews for Social Action | <input type="checkbox"/> <i>Shammashim</i> |
| <input type="checkbox"/> Judaica Shop | <input type="checkbox"/> Shore Thing |
| <input type="checkbox"/> Judaism in One Day | <input type="checkbox"/> Temple Tots |
| <input type="checkbox"/> Kol Nashim (Women's Group) | <input type="checkbox"/> Which Craft |
| <input type="checkbox"/> Kosher Kitchen Krew (K3) | <input type="checkbox"/> Women for Women |
| <input type="checkbox"/> Library | <input type="checkbox"/> Yad b'yad |
| <input type="checkbox"/> <i>Melaveh Malkah</i> | <input type="checkbox"/> 600 Network Club |
| <input type="checkbox"/> Mazon | |

Yahrtzeits

of which you wish to be reminded

Name of deceased

Relationship

Time of death

Date of death

Hebrew date of death (if known)

Name of deceased

Relationship

Time of death

Date of death

Hebrew date of death (if known)

Name of deceased

Relationship

Time of death

Date of death

Hebrew date of death (if known)

Name of deceased

Relationship

Time of death

Date of death

Hebrew date of death (if known)



North Shore Temple Emanuel

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www.nste.org.au

Head of Family

Surname

First Name

Middle Name

Maiden Name (if applicable)

Hebrew Name

Ben/Bat

Address

Post Code

Telephone

Mobile

Email (home)

Date of Birth

Place of birth

Date of Marriage

Place of Marriage

WORK DETAILS

Occupation

Name of employer

Position held

Telephone

Facsimile

Mobile

Email

I declare that I am of the Jewish faith.

I hereby apply to be admitted as a member of North Shore Temple Emanuel and if accepted, I hereby authorise you to enter my name in the register of members of North Shore Temple Emanuel. I agree to pay membership fees as due.

Signature

Date

Spouse

Surname

First Name

Middle Name

Maiden Name (if applicable)

Hebrew Name

Ben/Bat

Address (if different)

Post Code

Telephone

Mobile

Email (home)

Date of Birth

Place of birth

Date of Marriage

Place of Marriage

WORK DETAILS

Occupation

Name of employer

Position held

Telephone

Facsimile

Mobile

Email

I declare that I am of the Jewish faith.

I hereby apply to be admitted as a member of North Shore Temple Emanuel and if accepted, I hereby authorise you to enter my name in the register of members of North Shore Temple Emanuel. I agree to pay membership fees as due.

Signature

Date

Children

Surname

First Name

Middle Name

Date of Birth

Place of birth

Hebrew Name

Ben/Bat

Surname

First Name

Middle Name

Date of Birth

Place of birth

Hebrew Name

Ben/Bat

Surname

First Name

Middle Name

Date of Birth

Place of birth

Hebrew Name

Ben/Bat

Surname

First Name

Middle Name

Date of Birth

Place of birth

Hebrew Name

Ben/Bat

Surname

First Name

Middle Name

Date of Birth

Place of birth

Hebrew Name

Ben/Bat

Surname

First Name

Middle Name

Date of Birth

Place of birth

Hebrew Name

Ben/Bat