



CONFIDENTIAL MEMBERSHIP APPLICATION

This application is to become a member of the Wellington Jewish Community Centre. **Please note** that the information below is for record purposes and will remain confidential. You may need to provide evidence that you are Jewish according to orthodox standards (examples of evidence include a Ketubah or Conversion certificate). If you are not able to provide satisfactory evidence, we would love to welcome you as a WJCC Supporter.

For security purposes, please provide photo ID (Passport or Driver's licence) with your completed application.

Title (Mr/Mrs/Dr/Rabbi etc)			
Full Name in English			
Date of Birth			
Your Hebrew Name			
Your Mother's Hebrew Name			
Your Father's Hebrew Name			
Home Address			
Contact Number			
Email			
Please circle whether you are	Levi / Cohen / Israel		
Name of spouse / partner in English	(please also fill in a separate form)		
Date and location of your wedding			
Children's personal details	English Name	Hebrew Name	Date of Birth
Signature and date			

I _____ would like to be a Member of the WJCC.

I will make monthly contribution to the WJCC as per the following criteria:

- 1) *A full Monthly membership contribution is \$92.*
- 2) *WJCC members living more than 80km from the WJCC are eligible for a 50% discount (\$46).*
- 3) *WJCC members living more than 80km from the WJCC and who are members of another New Zealand Jewish congregation are eligible for a further 25% discount (\$34.50).*
- 4) *WJCC members who meet concessionary criteria are eligible for a 90% discount. Concessionary criteria are those who are 14-23 years of age, or are currently full-time students (\$9.20).*

Information to set up an automatic payment will be provided by the WJCC office

A tax certificate and a donation summary will be provided at the end of each financial year.

** We understand that individual circumstances may make full contribution a challenge for some. We want you as a member. Even if you cannot pay full fees our treasurer is happy to contact you to work out a suitable arrangement together. Please note that unless you have made an arrangement with our treasurer, you are liable for full fees.*

Date of Approval	Rabbi signature	Board member signature
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