



# AUCKLAND HEBREW CONGREGATION

## Membership Application

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Dear Applicant,

Thank you for applying for membership at the Auckland Hebrew Congregation.

Before we can process your membership application, you will need to complete the attached form and provide supporting documentation as indicated below.

We apologise that the process may appear to be complex and detailed. We take Orthodoxy and membership very seriously as we understand from enquiries we receive on a daily basis that future generations look to the AHC to verify their religious status in order to prove that they are themselves halachically Jewish. Getting it right now means these facts are established and recorded permanently.

Once your application is completed and signed, please mail to PO Box 68-224, Newton, Auckland 1145, or hand-deliver the form and supporting documentation to our office.

All compulsory fields must be completed in full for either the AHC or Chevra Kadisha application.

### **AHC Application Form**

#### **Supporting Documentation Checklist:**

##### **Proof of Identity: (Compulsory)**

Colour passport photos of **all** applicants or another form of official identity verification

#### **Verification of Orthodox Jewish Identity (Compulsory)**

If married, verified copy of own Ketubah

Or

Verified copy of parent's Ketubah (This needs to be accompanied by verified copy of birth certificate or other official documentation to show relationship to parents)

Or Letter of Reference from previous Jewish community on community letterhead.

Any other documentation to support the application process e.g. Conversion certificate / Brit Milah certificate.

*The community has a hardship and relief officer. Should you wish to find out more about this please advise the office that will put you in contact with the relevant person.*

For more information on the Auckland Hebrew Congregation and its fee structures, please go to <http://www.ahc.org.nz/membership.php>

**☐ Chevra Kadisha Application Form**

For your convenience we have included a Chevra membership form. Please submit with AHC application.

The Auckland Chevra Kadisha and the Auckland Hebrew Congregation are two separate organizations with their own rules and fee structures and **therefore require separate applications.**

As a new member it is compulsory that you apply for Chevra membership simultaneously.

For more information on the Chevra Kadisha, please go to <http://chevra.nzcomputing.com>

<b>OFFICE USE ONLY</b>	
<b>Rabbi Authorization:</b>	
Signature:	
Date:	
<b>BoM Authorization:</b>	
Signature:	
Date:	
<b>Free Membership Authorization (New Immigrants / Hardship grant)</b>	
Signature:	
Approval Date:	
Expiry Date:	

## Primary Applicant Details

Title: MR / MRS / MISS / MS / DR / OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_

Hebrew Name (English Characters): \_\_\_\_\_ Ben/Bat \_\_\_\_\_

Cohen / Levi / Yisrael

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Bar Mitzvah Portion: \_\_\_\_\_

Home Address:

Postal Address:


Home Telephone:

Mobile Telephone:

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Work Telephone:

Email Address:

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Married / Unmarried:  
If married, please state:

Officiating Rabbi:
Synagogue:
City:
Country:
Date of Marriage:

If you have been a member of another Congregation, please state where:

Name of Congregation:
City:
Country:

Was this an Orthodox Congregation? YES / NO

**Secondary Applicant Details**

Relation to Primary Applicant: WIFE / CHILD / OTHER: \_\_\_\_\_

Title: MR / MRS / MISS / MS / DR / OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_

Hebrew Name (English Characters): \_\_\_\_\_ Ben/Bat \_\_\_\_\_

Cohen / Levi / Yisrael

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Bar Mitzvah Portion: \_\_\_\_\_

**Additional Applicant Details**

Relation to Primary Applicant: SON / DAUGHTER / OTHER: \_\_\_\_\_

Title: MR / MRS / MISS / MS / DR / OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_

Hebrew Name (English Characters): \_\_\_\_\_ Ben/Bat \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Bar Mitzvah Portion: \_\_\_\_\_

**Additional Applicant Details**

Relation to Primary Applicant: SON / DAUGHTER / OTHER: \_\_\_\_\_

Title: MR / MRS / MISS / MS / DR / OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_

Hebrew Name (English Characters): \_\_\_\_\_ Ben/Bat \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Bar Mitzvah Portion: \_\_\_\_\_

### Additional Applicant Details

Relation to Primary Applicant: SON / DAUGHTER / OTHER: \_\_\_\_\_

Title: MR / MRS / MISS / MS / DR / OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_

Hebrew Name (English Characters): \_\_\_\_\_ Ben/Bat \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Bar Mitzvah Portion: \_\_\_\_\_

### Additional Applicant Details

Relation to Primary Applicant: SON / DAUGHTER / OTHER: \_\_\_\_\_

Title: MR / MRS / MISS / MS / DR / OTHER: \_\_\_\_\_

Full Name: \_\_\_\_\_

Hebrew Name (English Characters): \_\_\_\_\_ Ben/Bat \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Bar Mitzvah Portion: \_\_\_\_\_

### Yahrzeit Details

The community maintains a Yahrzeit register and advises members of upcoming Yahrzeits. If you wish to use this membership service, please include any family Yahrzeits for inclusion in our Community records:

<b>English Name:</b>
Hebrew Name:
Relationship to Applicant:
Date of Passing:

<b>English Name:</b>
Hebrew Name:
Relationship to Applicant:
Date of Passing:

<b>English Name:</b>
Hebrew Name:
Relationship to Applicant:
Date of Passing:

<b>English Name:</b>
Hebrew Name:
Relationship to Applicant:
Date of Passing:

**Voluntary Help**

The Auckland Hebrew Congregation relies on the voluntary help of its Community Members.

Please indicate the areas you would be able to assist in. We thank you very much for your support.

- Assisting with Minyanim
  - Shul
  - Funerals
  - Prayers after Funerals

- Providing voluntary help
  - Shmira
  - Taharah

- Community Security Group

- Unable to volunteer

Once your completed application, payment and supporting documentation has been received and reviewed by the Rabbi, your application will be submitted at a monthly Board of Management meeting for consideration.

We look forward to being in touch with you shortly thereafter.

Submit by Email

Print Form



## Application for Membership of the Auckland Chevra Kadisha and Benevolent Society ("Chevra")

To the Secretary, Auckland Chevra Kadisha and Benevolent Society (please use postal address as shown).

Please print clearly in capitals including all family members.

1	English:	
	Hebrew:	ben/bat
	Date of birth:	Male/Female:
2	English:	
	Hebrew:	ben/bat
	Date of birth:	Male/Female:
3	English:	
	Hebrew:	ben/bat
	Date of birth:	Male/Female:
4	English:	
	Hebrew:	ben/bat
	Date of birth:	Male/Female:
5	English:	
	Hebrew:	ben/bat
	Date of birth:	Male/Female:

**chevra kadisha**  
 CARE, COMFORT,  
 COMPASSION, COMMUNITY

Auckland Chevra Kadisha  
 and Benevolent Society

P.O Box 37-538  
 Parnell  
 Auckland 1151  
 New Zealand

Registered Charity CC38180

[info@chevra.org.nz](mailto:info@chevra.org.nz)  
[www.chevra.org.nz](http://www.chevra.org.nz)

CARE. COMFORT. COMPASSION, COMMUNITY

Address:	Phone:
	Cellphone:
	Fax:
Postcode:	Email:

1. I wish to apply for the following membership of the Chevra (tick applicable):

- (a) Single Membership: Being Jewish according to Halacha..... [ ]
- (b) Family Membership: Being married in accordance with the laws of Halacha.. [ ]

2. I agree, if required, to supply further information of my qualification for membership. I further agree to comply with the rules of the Chevra, a copy of which is available to me on request.

3. Membership status of the Auckland Hebrew Con'gregation (tick applicable):

- (a) I/we are current members..... [ ]
- (b) I/we are not current members, but are eligible for membership..... [ ]

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note that membership is FREE for children up to and including age 21.

ref: chevra membership application

Date Received: ___/___/___	Eligible for AHC: [ ]
Halacha Verified: [ ]	AHC Members: [ ]
Approved by: _____	Declined by: _____