

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.

chevra kadisha

CARE. COMFORT.
COMPASSION. COMMUNITY.

Auckland Chevra Kadisha
and Benevolent Society

P.O Box 37-536
Parnell
Auckland 1151
New Zealand

Registered Charity CC38160

info@chevra.org.nz
www.chevra.org.nz

CARE. COMFORT. COMPASSION, COMMUNITY.

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:

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 Congregation (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: _____