



# Cape Town Hebrew Congregation

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## Application for Membership

### PRIMARY APPLICANT

Title: \_\_\_\_\_ Name & Surname: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  Kohein  Levi  Yisrael (Please tick)

D.O.B: \_\_\_\_\_ Id Number: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow/Er (Please tick)

## Additional Applicants

### DETAILS OF SPOUSE

Title: \_\_\_\_\_ Name & Surname: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_  Kohein  Levi  Yisrael (Please tick)

D.O.B: \_\_\_\_\_ Id Number: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**CHILD 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CHILD 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CHILD 3**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Couples Section**

Date of Marriage: \_\_\_\_\_

Name of Synagogue: \_\_\_\_\_

Ketubah available YES/NO: \_\_\_\_\_

We are still/were members of: \_\_\_\_\_ congregation

If either is a convertee, state where and when conversion took place: \_\_\_\_\_

\_\_\_\_\_

**NB - A copy of your Ketubah must accompany this form.**

**Singles Section**

I am still/ was a members of: \_\_\_\_\_ congregation

If you are a convertee, state where and when conversion took place: \_\_\_\_\_

\_\_\_\_\_

**NB - A copy of your and your parents' Ketubah must accompany this form.**

## Yahrzeit/Haskaroth Details

Please list names and dates of deceased relatives which will be kept in the records of the congregation.

MOURNER'S NAME & SURNAME	ENGLISH & HEBREW NAME OF DECEASED	RELATIONSHIP	DATE OF PASSING (Am/pm on the day of passing)

### GETTING TO KNOW YOU BETTER - OPTIONAL EXTRA INFO

#### PRIMARY APPLICANT:

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

#### SPOUSE:

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Do you know when your Hebrew birthday is? \_\_\_\_\_

If not, please fill in the time of birth and we will calculate it for you:

Primary Applicant: \_\_\_\_\_

Spouse: \_\_\_\_\_

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

**MEMBERSHIP & SEATING 2024**

Lady Membership	R3632
Gent Membership	R3632
Couple Membership	R6645
Lady Associate	R1381
Gent Associate	R1381
Couple Associate	R1800

<b>*Lady Membership:</b>	<b>R4102</b>
<b>*Gent Membership:</b>	<b>R4518</b>
<b>*Couple Membership:</b>	<b>R7951</b>
<b>UOS Fee Full Fees:</b>	<b>R465</b>
<b>UOS Special Fees:</b>	<b>R232.50</b>

**LADIES SEAT RENTAL**

Front Row	R1191
Second Row	R894
Third Row	R595
Fourth Row	R477
Fifth Row	R239
Sixth Row	R120

**COUPLES MARRIED IN SHUL:**

1 <sup>st</sup> Year Free
2 <sup>nd</sup> Year 50% Of Fees
3 <sup>rd</sup> Year 75% Of Fees

**GENTS SEAT RENTAL**

**BLOCKS A & E**

First Row	R4764
Second Row	R4168
Third Row	R3572
Fourth Row	R2680
Fifth Row	R2085
Sixth Row	R1786
Seventh Row	R1489

**BLOCKS C & G**

First Row	R3572
Second Row	R2680
Third Row	R2085
Fourth Row	R1786
Fifth Row	R1489
Sixth Row	R1191
Seventh Row	R1191

**BLOCK K**

All Rows	R536
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**BLOCKS B & F**

First Row	R4168
Second Row	R3572
Third Row	R2680
Fourth Row	R2085
Fifth Row	R1786
Sixth Row	R1489
Seventh Row	R1191

**BLOCK J**

First Row	R3572
Second Row	R3275
Third Row	R2978
Fourth Row	R2680
Fifth Row	R2382
Sixth Row	R2085
Seventh & Eighth Row	R1786
Ninth & Tenth Row	R1489
Alongside Bimah	R894

**BLOCKS D & H**

All Rows	R894
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**SECURITY: Couple – R650**

**Single – R350**

**\*These Amounts Include the Cheapest Seat and Security per Annum**