

## Application for Membership

1/4

Member No \_\_\_\_\_  
(For internal use)

### Personal Data

Family Name: \_\_\_\_\_ Jewish Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Father's Jewish Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Mother's Jewish Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cohen  Levy  Israel

Postcode / City: \_\_\_\_\_ Tel. Private: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tel. Office: \_\_\_\_\_

Jewish DoB.  
or Time of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Profession: \_\_\_\_\_

Civil Status: \_\_\_\_\_ AHVNR13: \_\_\_\_\_  
(mandatory)

Resident in Zurich since: \_\_\_\_\_

Former Residence: \_\_\_\_\_ until \_\_\_\_\_

Member of Jewish Congregation (name of congregation):  
\_\_\_\_\_

**Partner**  M  F  Jewish  Not Jewish

Family Name: \_\_\_\_\_ Jewish Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Father's Jewish Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Mother's Jewish Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cohen  Levy  Israel

Jewish DoB.  
or Time of Birth: \_\_\_\_\_ Tel. Private: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Tel. Office: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ E-Mail: \_\_\_\_\_

AHVNR13: \_\_\_\_\_  
(mandatory)

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**For Applicants who have Converted to Judaism**

(Please enclose copies of your conversion papers)

Applicant (M)       Applicant (F)       both partners

Date of Conversion: \_\_\_\_\_ Place: \_\_\_\_\_

Rabbi's Name: \_\_\_\_\_

Date of Conversion: \_\_\_\_\_ Place: \_\_\_\_\_

Rabbi's Name: \_\_\_\_\_

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**Statement Concerning Status of Membership for a non-Jewish partner.**

(According to § 13a of the Statutes of the ICZ, please tick box)

Friend of the ICZ

I do not wish to be registered with the ICZ.

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**Date and Place of Wedding**

Civil Wedding      Place: \_\_\_\_\_      Date: \_\_\_\_\_

Jewish Wedding      Place: \_\_\_\_\_      Date: \_\_\_\_\_

Rabbi's Name: \_\_\_\_\_

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**Children**

	1. Child	2. Child	3. Child
Family Name:			
First Name:			
Jewish Name:			
Sex (M/F):			
Date of Birth:			
Jewish DoB or Time of Birth:			
Place of Birth:			
Citizenship:			

We would like our children to attend the following ICZ institutions

Ganon       Kindergarten       Day Care       Religion Classes

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**Parents of Applicant (M)**

Father's Family Name and First Name: \_\_\_\_\_

Mother's Family Name and First Name: \_\_\_\_\_

Yahrzeit (if applicable)

for father: \_\_\_\_\_ for mother: \_\_\_\_\_

for siblings: \_\_\_\_\_ for children: \_\_\_\_\_

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**Parents of Applicant (F)**

Father's Family Name and First Name: \_\_\_\_\_

Mother's Family Name and First Name: \_\_\_\_\_

Yahrzeit (if applicable)

for father: \_\_\_\_\_ for mother: \_\_\_\_\_

for siblings: \_\_\_\_\_ for children: \_\_\_\_\_

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**Seat in our Synagogue**

Should you wish to rent a seat in our Synagogue please inform us of your wish after the completion of your entry process.

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**ICZ E-mails:** Applicants will automatically receive our ICZ Newsletter after completion of the entry process.

Please tick the box if you would like to receive an E-mail in the event of bereavements in the community.

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**Personal Remarks**

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**Documents**

- We kindly ask applicants who did not grow up in the ICZ to attach proof of their Jewish origin (e.g. copy of your Ketuba or your parents' Ketuba).
- If you are or were already a member of another Jewish community, we ask you to enclose a membership confirmation and / or cancellation of the membership in question.

For the creation of a personal ICZ member card, please enclose a passport photo.

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## Signatures

With our signatures

1. We **recognize** the statutes and regulations of the ICZ.

(The statutes and regulations can be consulted in the ICZ secretariat during the opening hours (Mon to Thu 08:00 to 17:00, Fri and eve of Jewish Holidays 08:00 to 14:00).

2. We **authorize** the ICZ to receive **information from our personal tax register**.

3. After a successful application, we **authorize** the ICZ to inform the **residents' office** of our municipality of our membership. This is valid only for members living in Canton Zurich.

4. We **acknowledge** that no financial support can be claimed from the ICZ's social department for a **period of 5 years** from the date of membership admission.

5. We **acknowledge** that if our child/children should visit or have visited the ICZ Ganon/Kindergarten, we **undertake** to remain members of the ICZ **for a minimum of 5 years** after our youngest child has ended his or her Kindergarten time, and to pay the due ICZ taxes. Otherwise the full costs of the Ganon or Kindergarten will have to be repaid to the ICZ as follows:

- Ganon fees (actual full costs CHF 10,000 per year and child)
- Kindergarten fees (actual full costs CHF 15,000 per year and child)

This commitment is not applicable in case of an officially confirmed departure from Switzerland.

6. We **accept joint liability** for financial expenses of all kinds (relevant for couples).

The signature of **both** partners is also obligatory for interreligious partnerships, since according to §6.2 of the statutes, the membership of a person married to a non-Jewish partner can only be effected with the written commitment of his/her partner to joint liability for financial expenditures.

7. We **acknowledge** that according to §8 of the statutes the board of the ICZ can define an **admission fee** for applicants over the age of 30 years.

### Signature of applicant:

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Signature of partner:

Date \_\_\_\_\_ Signature \_\_\_\_\_

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### For internal use only

Visa Rabbi \_\_\_\_\_ Visa Executive Director \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_