

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)

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: _____

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.

Date and Place of Wedding

Civil Wedding Place: _____ Date: _____

Jewish Wedding Place: _____ Date: _____

Rabbi's Name: _____

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

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: _____

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: _____

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.

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.

Personal Remarks

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.

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 12,000 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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Visa Rabbi _____ Visa Executive Director _____

Date _____ Date _____