

NAME (English)

(Hebrew)

DATE OF BIRTH

ADDRESS

.....

.....

TEL No: Email:

FAX No: MOBILE

WORK WORK

WORK P'NER

PROFESSION/OCCUPATION

STATUS *MARRIED / PARTNERED / DIVORCED / WIDOWED / SINGLE*
(delete as necessary)

PARTNER'S NAME (English)

(Hebrew)

DATE OF BIRTH

PROFESSION/OCCUPATION

PREVIOUS SYNAGOGUE MEMBERSHIP

PLACE AND DATE OF MARRIAGE

TYPE OF MEMBERSHIP REQUIRED
(Please circle as required)

- FULL - FAMILY
- FULL - SINGLE PERSON
- FULL - RETIRED
- COUNTRY (allows for continuing membership of another synagogue)
- COUNTRY - RETIRED
- NEWLY MARRIED/ STUDENT/ YOUTH
- SINGLE PARENT

DO YOU WISH TO
COVENANT YOUR
MEMBERSHIP FEES

YES NO

CHILDREN UNDER 21 (Unmarried)

NAME English Hebrew

DATE OF BIRTH

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DATE OF BIRTH

EMERGENCY CONTACT

NAME

ADDRESS

.....

TEL No: Email:

RELATIONSHIP

BURIAL ARRANGEMENTS NEMS (please circle if required)

OTHER (please state through which shul)

SKILLS/INTERESTS (which may be useful ie leyning, carpentry, teaching cheder)

.....

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SIGNATURE

Yahrzeits - Please state the relationship
i.e. Member's late father or Partners late father

NAME

DATE (Hebrew / English)

RELATIONSHIP

NAME

DATE (Hebrew / English)

RELATIONSHIP

NAME

DATE (Hebrew / English)

RELATIONSHIP

SHUL FEES

A list of current fees is obtainable from The Treasurer. 020 8597 1475
Full memberships cover burial, cheder and unmarried children under 21.

FOR OFFICE USE ONLY

Date of enrolment:

Seen by:

- BIRTHDAY BOOK
- LABELS/LISTS
- CARDS
- DATABASES
- Yahrzeit Calendar



**NEW ESSEX
MASORTI SYNAGOGUE**

Membership Application Form

Please return this form to :

Mr D Silverne
Membership Coordinator
62 Poplar Way
Barkingside, Ilford
Essex. IG6 1EN
Email: nemasorti@hotmail.com

RH5766



NEW ESSEX MASORTI SYNAGOGUE - Buckhurst Hill
Constituent of the Assembly of Masorti Synagogues
Charity No: 297101

Charity: New Essex Masorti Synagogue

Details of Donor

Title..... Forename.....

Surname.....

Address.....

.....

.....Postcode.....

I confirm that I am a tax payer and that I want the charity to treat

All donations I make from the date of this declaration until I notify you otherwise

All donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise

As Gift Aid donations

Delete as appropriate

Signed..... Date.....

THE DONOR SIGNING THIS FORM MUST BE THE PERSON WHO MAKES THE DONATION

Notes:

1. You can cancel this declaration at any time by notifying the synagogue
2. You must pay an amount of income tax and/or capital gains tax equal to the tax that the Synagogue reclaims on your donation in the tax year.
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the Synagogue reclaims, you can cancel your declaration
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the synagogue or ask your local tax office for the leaflet IR113 (Gift Aid)
5. Please notify the synagogue if you change your name or address.

NB: ANY PAYMENT FROM WHICH YOU DERIVE PERSONAL BENEFIT DOES NOT CONSTITUTE A DONATION