

APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POST CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

OCCUPATION \_\_\_\_\_

Apply for membership for myself and for the following members of my family all being of the Jewish Faith

SURNAME	FORENAME	RELATIONSHIP	D.O.B.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Membership is subject to approval by the Council of the Synagogue, and proof of lineage may be required.

I understand that on reaching 21 years of age children have to become members in their own right.

I also understand that should I or any members of my family named on this application are 50 years or over at the time of joining. I/we will not receive full benefit from the Jewish Joint Burial Society Scheme.

(please acquaint family members of this information so as not to cause any confusion or embarrassment at a later date)

I/We request membership of the burial scheme

I/We do not request membership of the burial scheme

\*\* Please tick as appropriate

Signature\_\_\_\_\_Date\_\_\_\_\_