



# APPLICATION FOR MEMBERSHIP



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Tel: (020) 7328 1026 Fax: (020) 7372 3142  
E-mail: [office@newlondon.org.uk](mailto:office@newlondon.org.uk)

Date of application .....

## PERSONAL DETAILS – APPLICANT 1

Surname \_\_\_\_\_ Title: Dr/Mr/Mrs/Miss/Other \_\_\_\_\_

Forenames \_\_\_\_\_ Profession/ Occupation \_\_\_\_\_

Maiden Name (if appropriate) \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Fax \_\_\_\_\_

Work \_\_\_\_\_ E-mail \_\_\_\_\_

Mobile \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Jewish by Birth: (Child of a Jewish mother) Yes / No **Have the parents of any of the people included in this application form been converted? If so, we would be grateful if you would provide detailed information on the confidential sheet (Page 5) at the back of this form.**

Hebrew Name: \_\_\_\_\_ ben/bat \_\_\_\_\_  
(may be written in English)

**Cohen / Levi / Yisrael** [delete as appropriate]

## PERSONAL DETAILS – APPLICANT 2

Surname \_\_\_\_\_ Title: Dr/Mr/Mrs/Miss/Other \_\_\_\_\_

Forenames \_\_\_\_\_ Profession/ Occupation \_\_\_\_\_

Maiden Name (if appropriate) \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Fax \_\_\_\_\_

Work \_\_\_\_\_ E-mail \_\_\_\_\_

Mobile \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Jewish by Birth:(Child of a Jewish mother) Yes / No **Have the parents of any of the people included in this application form been converted? If so, we would be grateful if you would provide detailed information on the confidential sheet (Page 5) at the back of this form.**

Hebrew Name: \_\_\_\_\_ ben/bat \_\_\_\_\_  
(may be written in English)

**Cohen / Levi / Yisrael** [delete as appropriate]

**FAMILY DETAILS**

Marital status: single / married / partnered / divorced / widow/er

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

Name and address of Synagogue where married \_\_\_\_\_

Previous Synagogue Membership \_\_\_\_\_

Bar Mitzvah Sedra \_\_\_\_\_

Would you like to read Haftara on your Bar Mitzvah anniversary? \_\_\_\_\_

Would you like to read Haftara on any Shabbat (with notice)? \_\_\_\_\_

**DETAILS OF CHILDREN**

Full Name	Hebrew Name	D.O.B.	M/F	E-Mail*

*\*We hope to keep in touch with children of members directly if they have their own e-mail addresses*

**DO YOU WISH TO JOIN THE BURIAL SCHEME? YES / NO**

(If 'Yes', please fill out **other form enclosed** – 'Western Charitable Foundation Burial Scheme').

**Are you a relative of existing member/s?** (if Yes, please give name/s):

\_\_\_\_\_  
\_\_\_\_\_

**Member/s known to Applicant/s:** \_\_\_\_\_

**Reason for joining us?** (Answer is optional) \_\_\_\_\_

**COMMUNITY ACTIVITIES**

If you have any skills/interests etc. - e.g. religious, cultural, educational, social, fund-raising, youth - and are willing to help the congregation in some way, we would welcome your involvement. Please give details below:-

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**ARE YOU INTERESTED IN THE FOLLOWING?** *[Please tick if interested]*

<b>Art Group</b>	<input type="checkbox"/>	<b>Adult Education</b>	<input type="checkbox"/>
<b>Minyan Chadash</b> (our egalitarian second service)	<input type="checkbox"/>	<b>Cheder</b>	<input type="checkbox"/>
<b>Family Service/Children's Service</b>	<input type="checkbox"/>	<b>Social activities</b>	<input type="checkbox"/>

**DETAILS OF YAHRZEITS YOU WISH TO COMMEMORATE**

New London Synagogue keeps full records of the Yahrzeit of its members. On receipt of membership forms we will send you documentation which will allow us to support you in the annual rituals of remembrance.

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***I / we declare the information provided in this application form is correct to the best of my / our knowledge. I / we understand it will serve as the basis of consideration of my / our membership of the Synagogue.***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NAME**  
**[in capitals]** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NAME**  
**[in capitals]** \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

If you have any other information, which is essential for us in considering your application, but is confidential and you wish to be seen only by the Rabbi, please do so on this page. Alternatively please contact Rabbi Jeremy Gordon directly on [rabbi@newlondon.org.uk](mailto:rabbi@newlondon.org.uk) or 0207 328 1026

**EMERGENCY CONTACTS**

Please give names and contact details of close family or friends who we can call in case of an emergency

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