new london synagogue

33 Abbey Road, London NW8 OAT office@newlondon.org.uk 0207 328 1026 www.newlondon.or.guk

MEMBERSHIP APPLICATION FORM

We are delighted that you would like to join the New London Synagogue. Please complete this form and return it to us as above, ideally by email. Once the Rabbi has countersigned it, you will receive confirmation and an invoice for your membership fees for the remainder of our financial year. **We ask that all membership fees are paid by Direct Debit using the enclosed form.**

A member's inability to pay the full amount due is never a reason for the services of the community to be withheld. To discuss any aspect of your financial affairs in the strictest of confidence, contact Rachel Kamall, Operations Manager at operationsmanager@newlondon.org.uk

PERSONAL DETAILS - APPLICANT 1

Please tick here ☐ to confirm we may contact you by email on all Synagogue matters. You can unsubscribe at any time.

Full Name:	Maiden Name:
Title:	Date of Birth:
Hebrew Name:	Cohen/Levy/Yisrael (delete as appropriate)
Home Address:	Mobile Number:
	Email Address:
Home Telephone Number:	Occupation:

I am Jewish by birth (child of a Jewish mother) YES / NO

If your parent(s) converted to Judaism, please provide detailed information on a separate sheet headed confidential.

PERSONAL DETAILS - APPLICANT 2

Please tick here ☐ to confirm we may contact you by email on all Synagogue matters. You can unsubscribe at any time.

Full Name:	Maiden Name:
Title:	Date of Birth:
Hebrew Name:	Cohen/Levy/Yisrael (delete as appropriate)
Home Address:	Mobile Number:
	Email Address:
Home Telephone Number:	Occupation:

I am Jewish by birth (child of a Jewish mother) YES / NO

If your parent(s) converted to Judaism, please provide detailed information on a separate sheet headed confidential.

Family Details:

Marital status (please include copy of Get if divorced):

Date of civil marriage:

Date, name and address of Ketubah Ceremony:

Previous Synagogue Membership:

Bar/Bat Mitzvah Sedra:

Would you like to read Haftarah on your Bar / Bat Mitzvah anniversary?

Would you like to read Haftarah on any Shabbat (with notice)? Yes / No

Emergency Contact details:

Details of Children:

Name	Date of Birth	Hebrew Name	Male/ Female	Email Address

We hope to keep in touch with children of members directly if they have their own email address. Synagogue membership includes all children under the age of 21.

Burial Scheme:
We enroll all new members in the Joint Jewish Burial Scheme other than those that have arrangements in place or are imminently emigrating.

If you wish to be exempted from Burial Society membership, please detail reasoning below.

Are you a relative/friend of an existing member/s? Please give their name/s:

Reason for joining NLS (optional):

Details of Yarhzeits you wish to commemorate:

Name of deceased	Date of Death (please include before or after sunset if possible)	Hebrew Name	Relationship

We anticipate that all members assist with our security rota and you will be contact by a member of our security team in due course. We offer training and the opportunity to further in depth training with the CST for those who would like it.

We propose making details of your name and contact details available to our parent body, Masorti Judaism. This information will be used to make you aware of activities provided by Masorti and other Masorti Synagogues. It will not be passed on to any other organisation. If you do not want your information to be passed to Masorti Judaism , please let us know by ticking here ☐

Application to membership implies accepting the willingness to abide by Synagogue policies including those on Child Protection and Vulnerable Adult Protection. All relevant policies are available on the Synagogue website.