**33 Abbey Road, London NW8 0AT** **office@newlondon.org.uk** **0207 328 1026** [**www.newlondon.org.uk**](http://www.newlondon.org.uk)

**MEMBERSHIP APPLICATION FORM**

We are delighted that you would like to join the New London Synagogue. Please complete this form, the direct debit mandate and the gift aid declaration and return them to the office at the address above either by post or email. Your application will then be processed for approval by the Rabbi and Executive. After that, you will receive confirmation and an invoice for your membership fees for the proportion of the year remaining to 28th February, which is the end of our financial year. Then you will receive an annual bill in early March. A member’s inability to pay is never a reason for the services of the community to be withheld from that member. To discuss any aspect of your financial affairs in the strictest of confidence, please contact the office.

***We ask that all membership bills are paid either by annual or monthly direct debit, unless you are paying by charity voucher, which can only be used for the membership and donation element of your bill, not for burial.***

***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

Surname .......................................................................................................................................... Title ...................................................................................

Forename/s ......................................................................................................................................... Date of birth ...................................................................

Hebrew name ............................................................................................... ben/bat .....................................................................................................................

(please write in English)

Cohen/Levi/Yisrael (delete as appropriate) Maiden name (if appropriate) .......................................................................................................................

Home address ...................................................................................................................................................................................................................................

................................................................................................................................................................................................................................................................

Home Tel ........................................................ Mobile........................................................ Email ................................................................................

Occupation .........................................................................................................................................................................................................................................

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

Surname .......................................................................................................................................... Title ...................................................................................

Forename/s ......................................................................................................................................... Date of birth ...................................................................

Hebrew name ............................................................................................... ben/bat .....................................................................................................................

(please write in English)

Cohen/Levi/Yisrael (delete as appropriate) Maiden name (if appropriate) .......................................................................................................................

Home address ...................................................................................................................................................................................................................................

................................................................................................................................................................................................................................................................

Home Tel ........................................................ Mobile........................................................ Email ................................................................................

Occupation .........................................................................................................................................................................................................................................

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: single / married / partnered/ divorced (please include copy of Get) / widow/er

Date of civil marriage ............................................................................ Date of Ketubah ceremony ............................................................................

Name and address of Synagogue where married ..............................................................................................................................................................

Previous Synagogue membership ..........................................................................................................................................................................................

Bar / Bat Mtizvah Sedra ...........................................................................................................................................................................................................

Would you like to read Haftarah on your Bar / Bat Mitzvah anniversary? Yes / No

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

**Details of children**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name | Hebrew Name | Date of Birth | M / F | Email \* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

\*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

Do you wish to join the burial scheme Yes / No If yes, the Synagogue will contact you

Are you a relative of existing member/s? If yes, please give name/s .....................................................................................................................................

Member/s know to applicant/s ........................................................................................................................................................................................................

Reason for joining us (answer is optional) ...................................................................................................................................................................................

**Details of Yahrzeits you wish to commemorate**

*We keep full records of the Yahrzeit dates for members and send reminders of the corresponding English date each year*

|  |  |  |  |
| --- | --- | --- | --- |
| English name of deceased | Hebrew name of deceased | Date of death | Your relationship to deceased |
|  |  |  |  |
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We anticipate that all members will assist with our security rotas and you will be contacted by a member of our security team, in due course. We offer training and the opportunity for 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 onto any other organisation.

**If you do not want your information to be passed to Masorti Judaism, please let us know by ticking here ....................**

**Gift Aid**

If you are not already part of the Gift Aid Scheme, please could you tick here ............... to confirm that you are happy for us to reclaim gift aid on your membership. This only has to be done once and not if you have already confirmed to us in the past. Together we can ensure that the Inland Revenue is our largest single annual donor.