



33 Abbey Road, London NW8 0AT office@newlondon.org.uk 0207 328 1026 www.newlondon.org.uk

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 Phil Ashleigh, Operations Manager at operationsmanager@newlondon.org.uk

PERSONAL DETAILS - APPLICANT I

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 Yahrzeits 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 use d 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

Please Debit my account with the sum owed by me to the NEW LONDON SYNAGOGUE
Annually/half-yearly/quarterly (**delete as appropriate**)

Instruction to your Bank or Building Society to pay Direct Debit.



Please send this completed Instruction to:

Phil Ashleigh
Operations Manager
New London Synagogue
33 Abbey Road,
London NW8 0AT

Originator's Identification Number

6 8 9 0 2 8

CAF Ref No: FS 2690

CAF, KINGS HILL,
WEST MALLING,
KENT, ME19 4TA

FOR CAF OFFICIAL USE ONLY – This is not part of the instruction to your Bank/Building Society

Date of first payment on or after:

□□ - □□ - □□□□

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms

Address.....

.....Postcode.....

Bank/Building Society account number

□□□□□□□□□□

Branch Sort Code

□□□ - □□□ - □□□

Name and full postal address of your

Bank/Building Society

To: The Manager

Address.....

.....Postcode.....

Instruction to your Bank or Building Society

Please pay CAF Re New London Synagogue Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain within CAF Re New London Synagogue and if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

□□ - □□ - □□□□

MEM

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008'

MEM

Name (in block capitals)

Address (in block capitals)

Telephone: Email:

Signed **Date**

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, CAF Re New London Synagogue will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by CAF Re New London Synagogue or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to CAF, Fundraising Support, Kings Hill, West Malling, Kent ME19 4

TO: NEW LONDON SYNAGOGUE, 33 Abbey Road, London NW8 0AT

GIFT AID DECLARATION

I would like The New London Synagogue to reclaim the tax on my donation, all the donations I have made in the last 4 years and any future donations I make until I notify you otherwise. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference

Name (in block capitals)

.....

Address (in block capitals)

.....

.....

Telephone:

Email:.....

Signed.....

Date