Welcome

Everything you need to join your local United Synagogue



Application for membership

Thank you for deciding to join the United Synagogue. Please complete this application form and it will be processed within 28 days. (This may be a little longer if additional documents are required.)

Name of Synagogue you wish to join: **Personal Details** Applicant 1 Title Forename(s) Surname Previous names (eg Maiden name) Hebrew name Are you a: Cohen / Levi / Yisrael (Please circle one) Date of Birth (dd/mm/yyyy) Gender: Male / Female (Please circle one) Mobile number Work number **Email** Spouse of Applicant 1 (if joining) **Forenames** Surname Previous names (eg Maiden name) Hebrew name Are you a: Cohen / Levi / Yisrael (Please circle one) Gender: Male / Female (Please circle one) Mobile number Email Contact details Address Line 1 Address Line 2 Town County Postcode Home Tel: For oFFice USe Date of membership to commence: URK: Membership Rate: **FES Entrance Fee** Paid Date: Seat number:

Status Check

applicants' Jewish Status must be confirmed by the Court of the Chief Rabbi. The following section is to verify your status. (Additional documentation may be requested.) iF SiNgle: Father's forename: Father's surname (If different) Mother's forename: Mother's maiden name: Date of parent's marriage: Full Name of Synagogue in which your parents were married: Location of Synagogue (City and Country): Are you adopted? Y/N Are you a convert? Y/N (If yes please enclose documentation of your conversion) Are your parents currently members of a United Synagogue? Y/N If yes, please state which one Additional documentation is required if your parents: Married in Israel: Please enclose a copy of their Te'udat Nisu'in (Israeli Marriage Certificate) and your unabridged birth certificate Married Overseas (other than Israel): Please enclose a copy of their Ketubah and your unabridged birth certificate Married in a non-orthodox or Civil Ceremony: Please enclose a copy of your mother's parents' Ketubah and her unabridged birth certificate, her marriage certificate and your unabridged birth certificate. Date of marriage: (dd/mm/yyyy) iF MArried: Full Name of Synagogue: Location of Synagogue (City and Country): Additional documentation is required for the following: Married in Israel: Please enclose a copy of your Te'udat Nisu'in (Israeli Marriage Certificate) Married Overseas (other than Israel): Please enclose a copy of your Ketubah Married in a non-orthodox or Civil Ceremony: Please enclose a copy of the Ketubah of your respective parents, a copy of your civil marriage and your unabridged birth certificates iF divorced: Full name of previous spouse: Date of marriage: Full Name of Synagogue: Location of Synagogue (City and Country): Do you have a Get? Yes/No (Please circle) Date of Get Beth Din who gave Get & Reference Number iF Wido W/ Wido Wer: Full name of deceased spouse Date of Death: Date of marriage: Full Name of Synagogue: Location of Synagogue (City and Country):

Membership to the United Synagogue is open to any Jew. To become a member of the United Synagogue, the

Additional documentation is required for the following:

Married in Israel: Please enclose a copy of your Te'udat Nisu'in (Israeli marriage certificate)

Married Overseas: (other than Israel): Please enclose a copy of your Ketubah

Married in a non-orthodox or Civil Ceremony: Please enclose a copy of your parents' Ketubah and your unabridged birth certificate

Children's Details

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Yahrzeits

The yarhzeit is the Hebrew anniversary of a relative's death. Your Synagogue will be able to send you a yearly letter to state the English date it corresponds to.

Applicant 1
Forename of Deceased Surname of Deceased
Hebrew name
Relationship to Member
Date deceased (English or Hebrew, please include year)
Fime of death : am/pm
Forename of Deceased Surname of Deceased
Hebrew name
Relationship to Member
Date deceased (English or Hebrew, please include year)
Time of death : am/pm
Forename of Deceased Surname of Deceased
Hebrew name
Relationship to Member
Date deceased (English or Hebrew, please include year)
Time of death : am/pm
Applicant 2
Forename of Deceased Surname of Deceased
Hebrew name
Relationship to Member
Date deceased (English or Hebrew, please include year)
Time of death : am/pm
Forename of Deceased Surname of Deceased
Hebrew name
Relationship to Member
Date deceased (English or Hebrew, please include year)
Time of death : am/pm
Forename of Deceased Surname of Deceased
Hebrew name
Relationship to Member
Date described (Foodbale and Johnson of Lands and Andrews A
Date deceased (English or Hebrew, please include year)

Terms and conditions

1. Membership is available only to persons of the Jewi	sh Religion as defined by the Court of the Chief Rabbi.
Please tick here if you are happy for us to pass on you contact you directly for fundraising or promotional	r contact information to selected third parties who may purposes.
	ensures that there is a place for you at one of the ayment into the scheme must be continuous and entrance fee depending on age. (Please ask your bining as a married couple the entrance fee is based on who are under 21. (Children over 21 will need to take
4. If any of the information on the application is found cancel membership.	to be incorrect, the United Synagogue has the right to
5. To resign membership, at least one month's written r Such resignation will take effect from the end of the	3 . 3.
I/We declare the details on this form are correct and tha	at we agree to the terms and conditions above.
Signature	Signature
Date (dd/mm/yyyy) / / / / / / / / / / / / / / / / /	Date / / /







Dear Member,

Re: Gift Aid

Did you realise the our shul receives a cheque for around £14,000 every year from H.M. Revenue & Customs?

This is the amount that we reclaim as Gift Aid on all shul fees and donations received from members who have signed a Gift Aid form.

The form is very simple and just requires a signature and date - no letters to employers, accountants, Inland Revenue etc.

As a new member, I enclose a copy of the form and would be very grateful if you would agree to sign it if you are eligible. There are notes on it for guidance and you can stop it at any time.

The effect for the shul is that for every £100 you pay, the shul will receive approximately £28 extra from the government - all for just signing the form!

Please give this you serious consideration. The amount that we already receive is equivalent to the shul fees of about 45 members and this obviously helps to keep down our shul fees.

Please do not delay, and let us add your Gift Aid contribution as soon as possible.

With thanks.

Yours sincerely,

John Wayne
Financial Representative





GIFT AID DECLARATION

TITLE	FORENAME(S)		
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ADDRESS			
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SIGNATURE		DATE	

NOTES

- 1. You can cancel this declaration at any time by notifying the Synagogue Administrator.
- 2. You need to have paid an amount of Income tax and/or Capital gains tax at least equal to the tax that Catford & Bromley Synagogue reclaims on your donations or membership subscriptions in the appropriate tax year (currently 28p for each £1 you give).
- 3. If you pay tax at the higher rate you can claim further tax relief in your Self-Assessment tax return.
- 4. If in the future your circumstances change and you no longer pay income tax/capital gains tax equal to the tax the Synagogue reclaims, you can cancel your declaration (see note 1)
- 5. Please notify us of any change in your name and address.
- 6. If you are unsure whether your donations qualify for Gift Aid tax relief then contact our Financial Representative, and/or your local tax office.
- 7. All donations and shul fees are eligible for Gift Aid but the Funeral Expenses Scheme is not included as it is regarded as a service.

When complete, keep a copy for yourself and please mail to:
The Administrator, Catford & Bromley Synagogue, PO Box 4724, London SE6 2YA