Welcome

Everything you need to join your local Affiliate Synagogue



Application for Affiliate Membership

Name of Affiliate Synagogue you wish to join:

Thank you for deciding to join an Affiliate 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.)

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)			
Title Forenames Forenames			
Surname Previous names (eg Maiden name)			
Hebrew name			
Are you a: Cohen / Levi / Yisrael (Please circle one) Date of Birth / / / /			
Gender: Male / Female (Please circle one) Mobile number			
Work number			
Email Email			
Contact details			
Address Line 1			
Address Line 2			
Town County			
Postcode			
Home Tel:			
FOR OFFICE USE			
Date of affiliate membership to commence: / /			
URK: Membership Rate: FES Entrance Fee: Paid Date: Seat number:			
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Status Check

Synagogue, the 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 surname (If different) Father's forename: 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. If you are over 30 please provide us with a copy of your full birth certificate. **IF JOINING TO GET MARRIED:** Date of marriage: (dd/mm/yyyy) Full Name of Synagogue: **IF MARRIED:** Date of marriage: (dd/mm/yyyy) 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 WIDOW/WIDOWER: Full name of deceased spouse Date of Death: Date of marriage: Full Name of Synagogue: Location of Synagogue (City and Country):

Membership to an Affiliate Synagogue is open to any Jew. To become a member of an Affiliate

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

Please provide details of your children and copies of their full birth certificates who are under 21 or live at the same address as this application. (If any of your children are adopted and/or converted we will need to refer the application to the London Beth Din, please supply all available supporting documentation) By joining the United Synagogue, your children under the age of 21 become members of Tribe for free. To find out about Tribe events and activities visit www.tribeuk.com. Your membership does not cover children over 21. Any single children aged 21-29 can join a community online for £5 a month through Tribe Community membership (TCM) at www.tribeuk.com/tcm (TCM includes US constituent synagogue membership and US burial rights, FES). Forenames Surname Email Hebrew name Date of Birth (dd/mm/yyyy) Gender M/F (Please circle). Is this child adopted? Y/N (Please circle) Has this child converted? Y/N Forenames Surname Email Hebrew name Date of Birth Gender M/F (Please circle) Is this child adopted Y/N (Please circle) Has this child converted? Y/N Forenames Surname Email Hebrew name Date of Birth Gender M/F (Please circle) Is this child adopted? Y/N (Please circle) Has this child converted? Y/N Forenames Surname Email Hebrew name

Gender M/F (Please circle)

Date of Birth

Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

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.

Mourner's Name		
Forename of Deceased	Surname of Deceased	
Hebrew name		
Relationship to Member		
Date deceased (English or Hebrew, please include year	ar)	
Time of death : am/pm		
Forename of Deceased	Surname of Deceased	
Hebrew name		
Relationship to Member		
Date deceased (English or Hebrew, please include year	ar)	
Time of death : am/pm		
Forename of Deceased	Surname of Deceased	
Hebrew name		
Relationship to Member		
Date deceased (English or Hebrew, please include year	ar)	
Time of death : am/pm		
Marring w'a Nama		
Mourner's Name		
Forename of Deceased	Surname of Deceased	
Hebrew name		
Relationship to Member		
Date deceased (English or Hebrew, please include year	ar)	
Time of death : am/pm		
Forename of Deceased	Surname of Deceased	
Hebrew name		
Relationship to Member		
Date deceased (English or Hebrew, please include year	ar)	
Time of death am/pm		
Forename of Deceased	Surname of Deceased	
Hebrew name		
Relationship to Member		
Date deceased (English or Hebrew, please include year	ar)	
Time of death : am/pm		

Terms and conditions

- 1. Affiliate membership is available only to persons of the Jewish religion as defined by the Court of the Chief Rabbi.
- 2. Membership is open to persons who live within one and a quarter miles of the joining synagogue or any person whose permanent residence is not served by another synagogue connect to the United Synagogue. This shall be at the decision of the Membership Department of the United Synagogue.
- 3. Membership of an Affiliated Synagogue automatically entitles you to become part of the United Synagogue's Funeral Expenses Scheme (FES) which after 6 months of membership ensures that there is a place for you at a US cemetery at no additional cost to loved ones. Payment into the Scheme together with membership must be continuous. For people joining over the age of 40 there is an entrance fee depending on age. (Please ask your synagogue administrator for these rates). FES also covers Jewish children of members who are under the age of 21. (Children over 21 will need to take membership in their own right.)

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	If you don't wish to be part of the FES please tick the appropriate box: Applicant 1: Applicant 2:
4.	If any of the information on the application is found to be incorrect, the United Synagogue has the right to cancel membership.
5.	Affiliate membership is continuous. To resign, at least one month's written notice must be given to the synagogue office. On resignation, all rights provided by the FES Scheme and US membership are lost and no refund of past payments is payable.
6.	Membership of an Affiliate Synagogue make the approved applicant an assessed member of the US and thus entitled to certain rights and privileges subject to the US Affiliate Byelaws and regulations in force.
Yo	our reasons for joining (please select):
	This is the community where I/we attend services and events;
	I/We want to be part of a Jewish community;
	I/We like the Rabbi;
	My/Our child's upcoming Barmitzvah/ Batmitzvah is at this synagogue;
	I'm/ We're getting married under the US;
	I/We got married recently and would like to take up the US Marriage Discount;
	My/Our family are US members;
	A friend recommended this synagogue;
	To be part of the US Funeral Expenses Scheme;
	I/We want to stand for the Board of Management;
	I/We'd like to use the member discount when booking US events;
	Other (please tell us):
I/V	Ve declare the details on this form are correct and that we agree to the terms and conditions above.
Si	gnature Signature
Da	ate (dd/mm/yyyy) / / / / Date (dd/mm/yyyy) / / / / /