



# MEMBERSHIP APPLICATION FORM

I/We apply for membership of Westminster Synagogue, an independent community dedicated to the principles of progressive Judaism, whose goals are the enhancement of our religious experience and the continuing education of our members and their children. Westminster Synagogue is a registered charity. Charity Number:1133190

	Applicant	Spouse / Partner Details
Title		
Forenames		
Surname		
Known by (if different)		
Hebrew name (if known)		
Gender		
Date of Birth		
Marital/Relationship status		
Date of wedding		
Home Address		(if different)
Post code		
Mobile		
Home phone		
Work phone		
E-mail		
Current occupation		

Religious Background								
Jewish background	<input type="checkbox"/> Liberal	<input type="checkbox"/> Reform	<input type="checkbox"/> Masorti	<input type="checkbox"/> Liberal	<input type="checkbox"/> Reform	<input type="checkbox"/> Masorti		
	<input type="checkbox"/> United	<input type="checkbox"/> Sephardi	<input type="checkbox"/> Other	<input type="checkbox"/> United	<input type="checkbox"/> Sephardi	<input type="checkbox"/> Other		
Name of Current / Previous Synagogue	(if relevant)			(if relevant)				
If converted to Judaism	Year			Year				
Rabbinic Board								
Date of Bar/BatMitzvah								
				Religion practised: If Non-Jewish				
Hebrew reading skills	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Little/None	<input type="checkbox"/> Fluent	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Little/None
Father's Hebrew Name	(if known)			(if known)				
Mother's Hebrew Name	(if known)			(if known)				

Who to contact in an emergency (if not spouse / partner):	
Name	(if different)
Relationship	(if different)
Mobile	(if different)
Home phone	(if different)
E-mail	(if different)

**Special skills, Talents, Hobbies**

Special skills, Talents, Hobbies e. g. singing, playing an instrument, photography, IT etc.	<b>Applicant</b>	<b>Spouse / Partner Details</b>

**All Children**

Please note that ONLY children under 18 are included in their parents' membership. A separate membership form is required for all over 18s.

	Child 1	Child 2	Child 3	Child 4
Name				
Hebrew Name				
Date of birth				
Gender				
Mobile				
Email				
Date of Bar/Bat Mitzvah				
Name of school/university or occupation				
Living at home?				

**Memorials (Yahrzeits)**

Yahrzeits are observed at a religious service closest to the date of death. Please list the names of those you wish to remember. We will notify you in the month preceeding the Yahrzeit.

I prefer to observe the Hebrew date       I prefer to observe the secular date

Name	Hebrew Name	Related to	Relationship	Date of death	Hebrew Date of death (and time of day - if known)

**Burial Scheme / Columbarium**

I/we wish to participate in the burial scheme       Yes       No      Name (if joint membership): \_\_\_\_\_

(Please read the enclosed description and enclose a cheque for the first year plus over-age supplement if necessary.)

I/we wish to be cremated and would like further information regarding a niche in the Synagogue Columbarium       Yes       No

**Declaration**

I/We, being of the Jewish faith, wish to become (a) member(s) of Westminster Synagogue.	<input type="checkbox"/>
I wish to join as a Friend of Westminster Synagogue, until such time as I can become a full member	<input type="checkbox"/>
I/We enclose a cheque for my/our initial subscription of £. (See enclosed membership subscription information)	£
I/we agree to pay the appropriate annual subscription on May 1st next and in each subsequent year.	<input type="checkbox"/>
I/We enclose a cheque for admission to the Burial Scheme (see enclosed burial scheme information)	<input type="checkbox"/>
I/We enclose a donation on joining of £ (Suggested figure is £250)	£
I/we agree to pay the appropriate annual contribution to the Board of Deputies (optional but strongly recommended)	<input type="checkbox"/>
I/We have completed and signed the enclosed Gift Aid form (Required if UK taxpayer)	<input type="checkbox"/>
I/We have signed the enclosed Direct Debit Mandate. (Strongly encouraged)	<input type="checkbox"/>
I/we are interesting in volunteering, please contact me/us to discuss how I/we could get involved.	<input type="checkbox"/>
<b>Signed (Applicant)</b>	<b>Date</b>
<b>Signed (spouse / partner)</b>	<b>Date</b>

We will be processing your information in line with our privacy notice, which is available on our website or from our office.

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