



SPANISH & PORTUGUESE SYNAGOGUE, HOLLAND PARK

8 St James's Gardens, Holland Park, London W11 4RB

APPLICATION FOR MEMBERSHIP
PRIVATE & CONFIDENTIAL

To: The Executive Committee

Date:

I hereby apply for election as a Member of the Spanish & Portuguese Synagogue, address above, in accordance with the rules of the Congregation of the Synagogue now in force, and I undertake to abide by the rules and any other rules that may hereafter be enacted. I also undertake to pay to the Synagogue an Annual Finta (Membership Contribution) in the sum fixed by the Executive Committee from time to time.

Yours faithfully,

Signature

PLEASE COMPLETE IN BLOCK CAPITALS
ALL QUESTIONS AS APPROPRIATE

1. Name in full (Surname first Mr/Mrs/Miss/Ms) _____

In case of a lady applicant, please give status i.e.

Married/single/divorced/widowed _____

2. Hebrew name _____ Cohen/Levy/Israel

3. Father's Hebrew name _____

Widowed lady to give Hebrew name of late Husband _____

4. Full address _____

_____ Post code _____

5. Telephone No: Home _____ Office _____

T: 020 7603 7961/3232 F: 020 7603 9471 E: admin@hollandparksynagogue.com



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Email address _____

6. Occupation _____

7. Date of Birth _____

8. Place & Country of birth _____

9. Please attach a current photo of the applicant and their partner if married.

10. If hitherto a member of another Synagogue, please state full name & address:

11. By whom introduced or name of nearest relative who is a member of the Congregation _____

12. In the case of a married applicant, please give name & address of Synagogue where married, date on which marriage took place and **ENCLOSE A COPY OF YOUR KETUBAH**

13. Wife's name _____ Hebrew Name: _____

14. Wife's maiden name _____ Wife's Date of Birth: _____

15. Telephone No: Home _____ Office _____

Email address _____

16. Occupation _____

17. If either the applicant or his wife is a convert to Judaism, please give name & address of authorising Beth Din and date of conversion



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18. In the case of single applicant, state name & address of Synagogue where parents were married and date of marriage

19. Name (s) of children (if any)

Name	Hebrew name	Date of birth
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20. Details of Nahalot (if any)

Name	Hebrew name	English &/or Hebrew Date of Death
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(If not enough space, then please continue on another sheet)

21. I am willing/not willing to sign a Gift Aid Form (please delete as appropriate)

22. All members shall pay Finta Beth Haim (Ascama12). The Executive Committee Reserves the rights to forego this payment if the following



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declaration is signed. If this is not signed, you will be invoiced as per attached schedule.

23. I do not desire now to acquire the right to be buried in the Burial Grounds of the Congregation and request the Executive Committee to forego my contribution of Finta Beth Haim.

Signature of applicant: _____

Date: _____

Approved by the Rabbi: _____

Date: _____