BRIDGE LANE BETH HAMEDRASH - 44 Bridge Lane, London NW110EG MEMBERSHIP APPLICATION FORM



Please fill out the form and return by email to secbridge@gmail.com or hand it to one of the Gabboim.

# Personal Details

Title:

Name:

Address:

Landline:

Mobile:

Email:

Occupation:

Hebrew Name:

Kohen/Levi/Yisroel:

Date of Birth:

# Marriage Details

Synagogue:

Town:

Name of officiating Rav:

Date:

Wife’s maiden name:

# Other Details

Have you previously been a member at BLBH?

Other Shul membership(s)

# Referees

Names of two members who are prepared to act as referees:

Member1:

Member 2

I wish to apply for membership and agree to be bound by the shul’s rules and regulations. I declare that I am Shomrei Shabbos. I understand that an ‘Associate membership’ does not necessarily guarantee a seat on Yomim Noroim. [If you would like to become a member of the burial society, please speak to one of the gabboim]

Signed: Date: