



APPLICATION FOR MEMBERSHIP

Please complete this form in BLACK and use extra sheets if you do not have enough room in the space provided

ABOUT YOU	
Mr/Mrs/Miss/Ms/Other	
First name	
Other names	
Surname	
Marital status	
Date of birth	
Address	
Post code	
Home telephone	
Work telephone	
Fax	
Mobile	
Email address	
What is your Hebrew name?	
Are you a Cohen or a Levi?	
What was your Barmitzvah date/Sedra?	
Would you be happy to read Haphtorah?	
When were you married?	
Where were you married?	
Were both your parents born Jewish?	
When were your parents married?	
Where were they married?	

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ABOUT YOUR CHILDREN - details of children not holding separate membership	
1. Name	
Hebrew name	
Date of birth	
Barmitzvah date	
Barmitzvah Sedra	
Living at home?	
Address/telephone if not living at home	
Name of school/college/university	
2. Name	
Hebrew name	
Date of birth	
Barmitzvah date	
Barmitzvah Sedra	
Living at home?	
Address/telephone if not living at home	
Name of school/college/university	
3. Name	
Hebrew name	
Date of birth	
Barmitzvah date	
Barmitzvah Sedra	
Living at home?	
Address/telephone if not living at home	
Name of school/college/university	

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OTHER THINGS WE NEED TO KNOW

Please give details of other synagogues of which are now, or have been in the past, a member

1. Name of synagogue	
Where	
When	
2. Name of synagogue	
Where	
When	

Are you a member of a burial scheme?

Name of scheme	
Which cemetery	
Details of scheme administrator	

Please list below the Yahrzeit dates you observe and of which you would like us to send advance notification.

1. Name (English and Hebrew)	
Relationship	
English date (day/evening if known)	
Hebrew date (if known)	
2. Name (English and Hebrew)	
Relationship	
English date (day/evening if known)	
Hebrew date (if known)	
3. Name (English and Hebrew)	
Relationship	
English date (day/evening if known)	
Hebrew date (if known)	



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DECLARATION

I hereby apply for membership of South Manchester Synagogue and undertake to pay subscriptions when due.

I would like South Manchester Synagogue to keep in touch about religious, social, educational and other events by post, telephone, email, text message and other electronic means.

I agree to abide by the Constitution of the Synagogue and any subsequent amendments thereof.

Signature

Date

PLEASE NOTE

There is an agreement between Synagogues not to accept as a member any individual who is not up to date with subscription payments.

Upon your submission of this application form we will therefore contact your current or previous Synagogue in this respect.

FOR OFFICE USE ONLY

Date

Copy Ketubah on file? (YES/NO)

Previous Shul contacted? (YES/NO)

Minister's approval

President's approval

Secretary's approval