

# Welcome

---

Everything you need to join your local United Synagogue



**The US**

LIVING • LEARNING • CARING

# Application for membership

Thank you for deciding to join the United 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.)

**Name of Synagogue you wish to join:**

## Personal Details

### Applicant 1

Title	<input type="text"/>	Forename(s)	<input type="text"/>
Surname	<input type="text"/>	Previous names (eg Maiden name)	<input type="text"/>
Hebrew name	<input type="text"/>		
Are you a:	Cohen / Levi / Yisrael (Please circle one)	Date of Birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender:	Male / Female (Please circle one)	Mobile number	<input type="text"/>
Work number	<input type="text"/>		
Email	<input type="text"/>		

### Spouse of Applicant 1 (if joining)

Title	<input type="text"/>	Forenames	<input type="text"/>
Surname	<input type="text"/>	Previous names (eg Maiden name)	<input type="text"/>
Hebrew name	<input type="text"/>		
Are you a:	Cohen / Levi / Yisrael (Please circle one)	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender:	Male / Female (Please circle one)	Mobile number	<input type="text"/>
Work number	<input type="text"/>		
Email	<input type="text"/>		

## Contact details

Address Line 1	<input type="text"/>												
Address Line 2	<input type="text"/>												
Town	<input type="text"/>	County	<input type="text"/>										
Postcode	<input type="text"/>												
Home Tel:	<input type="text"/>												

### FOR OFFICE USE

Date of membership to commence:  /  /

URK: \_\_\_\_\_ Membership Rate: \_\_\_\_\_

FES Entrance Fee:  Paid Date: \_\_\_\_\_ Seat number: \_\_\_\_\_

# Status Check

Membership to the United Synagogue is open to any Jew. To become a member of the United 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 forename:  Father's surname (If different)

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):

## 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](http://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](http://www.tribeuk.com/tcm) (TCM includes 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

Date of Birth  /  /

Gender M/F (Please circle)

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

# Yahrzeits

---

The yahrzeit 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)

Time of death  :  am/pm

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am/pm

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am/pm

**Mourner's Name**

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am/pm

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am/pm

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am/pm

# Terms and conditions

---

1. Membership is available only to persons of the Jewish religion as defined by the Court of the Chief Rabbi and is subject to the Bye-laws of the United Synagogue.
2. Please tick here if you are happy for us to pass on your contact information to selected third parties who may contact you directly for fundraising or promotional purposes.
3. Membership of the United Synagogue (US) automatically entitles you to join the 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 of the US 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.)

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. US 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.

I/We declare the details on this form are correct and that we agree to the terms and conditions above.

Signature

Signature

Date (dd/mm/yyyy)  /  /

Date (dd/mm/yyyy)  /  /

305 Ballards Lane  
North Finchley  
N12 8GB



Synagogue

Member ID No

Telephone: 020 8343 8989

Registered Charity Number 242552

**Charity Name: United Synagogue**

**Details of donor**

Title..... Forename(s).....Surname.....

Full Home Address.....

.....Postcode.....

**I confirm that I am a tax payer and that I want to gift aid all donations that:**

**I make from the date of this declaration and all future Gift Aid donations, until I notify you otherwise**

**OR**

**I have made in the past 4 years and all future donations from the date of this declaration as Gift Aid donations until I notify you otherwise**

*Please tick the appropriate box*

Signature.....Date.....

**THE DONOR SIGNING THIS FORM MUST BE THE PERSON WHO MAKES THE DONATION(S)**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**NOTES**

**Please notify the United Synagogue if you:**

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

**If you pay income tax at the higher rate**, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

If you are unsure whether your donations qualify for Gift Aid tax relief either ask your Synagogue Office or refer to [www.gov.uk](http://www.gov.uk) website.

**NB: ANY PAYMENT FROM WHICH YOU DERIVE A PERSONAL BENEFIT DOES NOT CONSTITUTE A DONATION THAT QUALIFIES FOR GIFT AID.**