



BELSIZE SQUARE SYNAGOGUE

51 Belsize Square, London NW3 4HX.
 Telephone: 020 7794 3949 Fax: 020 7431 4559 E-mail: office@synagogue.org.uk

Application for Membership

In welcoming your application for membership, we would request your co-operation in providing the following details. The information will, of course, be kept confidential but it is essential for our records. Please complete this form in capital letters and return it to the Synagogue Administrator.

| Personal Details | |
|--|---|
| Title | Mr / Mrs / Miss / Ms / Other |
| Surname | |
| First Name(s) | |
| Date/Place of Birth | Date of Birth Place of Birth |
| Address | Postcode |
| Telephone Number | |
| E-mail & Fax | E-mail Fax Number |
| Mobile Telephone | |
| Hebrew Name (in English) | |
| Barmitzvah/Batmitzvah Date & Synagogue | |
| Barmitzvah/Batmitzvah Sidrah | |
| Marital Status | Married / Partnered / Divorcee / Widow[er] / Single |
| If married - Date and Place of Wedding | |
| Maiden name (if applicable) | |
| Current Occupation & Nature of Business | |
| Name & Address of Employer | Postcode |
| Work Telephone Number | |
| Work e-mail & Fax | E-mail Fax |
| Qualifications | |

Please complete all sections of this Application Form with as much information as possible. If you require clarification on any question, please contact the Synagogue Administrator [Telephone: 020 7794 3949].

| | |
|---|--|
| Are you Jewish by birth? | YES / NO |
| Are/were your parents Jewish by birth | YES / NO |
| Did you/your parents convert to Judaism? If so, where and when | YES / NO Place _____ Date _____ |
| Details of parents Marriage | Date _____ Town _____ Synagogue _____ |
| Please provide evidence of your Jewish status | <i>One of the following:</i> Copy of your own Ketubah Copy of your parent's Ketubah Proof of previous Synagogue membership |
| Name of Current or previous Synagogue | |
| Date joined | |
| Date left | |
| <i>Burial/Cremation Information</i> | |
| Do you wish for eventual | Burial or Cremation |
| If Burial, do you have a Grave Reservation? | YES / NO If yes, details _____ |
| If Cremation, do you have arrangements for Interment of Ashes? | YES / NO If yes, details _____ |
| Have you arrangements With any other Burial Society or Synagogue. | YES / NO If yes, details _____ |
| Emergency Contact | Name _____ Address _____ Tel. No. _____ |
| Please explain below why you would like to become a member of Belsize Square Synagogue. If any friends or relatives are members, please let us know their names. | |
| Being of the Jewish faith, I wish to become a member of the Belsize Square Synagogue (including the compulsory Burial & Cremation Scheme) and agree to pay the current annual Synagogue membership fee. I confirm that all The information given on this Application form is correct to the best of my knowledge. | |
| Signed: Date: | |

Name of Applicant:

(Only to be completed by one partner)

| Details of Children | |
|--|----------|
| 1 English name | |
| Hebrew name | |
| Date/place of Birth | |
| School | |
| Details of Jewish education to date | |
| 2 English name | |
| Hebrew name | |
| Date/Place of birth | |
| School | |
| Details of Jewish education to date | |
| 3 English name | |
| Hebrew Name | |
| Date/Place of birth | |
| School | |
| Details of Jewish education to date | |
| 4 English name | |
| Hebrew name | |
| Date/Place of birth | |
| School | |
| Details of Jewish education to date | |
| <i>The Children of our community and their Jewish education are of paramount importance to the Synagogue. Please indicate if you are interested in the following Activities:</i> | |
| Belsize Under Threes (BUTs) | YES / NO |
| Nursery School (2½ - 5 years old) | YES / NO |
| Religion School | YES / NO |
| Youth Activities | YES / NO |

Name of Applicant :

| Interests & Involvement | |
|---|--|
| Following Jewish tradition, we regard learning and involvement as of great importance and encourage all our members to participate in our wide range of education activities. | |
| Please give details of any skills or qualifications you have, which may be relevant to the community | |
| Would you like to know more about our adult education programmes? | YES / NO |
| <i>Many of our activities are run by members who have special skills or areas of knowledge. Please indicate any way in which you feel you may be able to contribute.</i> | |
| Have you experience in teaching children and/or working with youth? | YES / NO |
| <i>We have a wide range of community activities for all age groups and are always seeking to improve and increase them. Please indicate areas in which you might like to be involved.</i> | |
| BELSIZE MEMBERS GROUP (social activities) | YES / NO |
| ANNUAL BAZAAR | YES / NO |
| ISRAEL COMMITTEE | YES / NO |
| <i>Security is an intrinsic aspect of our Synagogue in which volunteers play a vital role. If you are between the ages and 21 and 60 you <u>will</u> be asked to assist in security.</i> | |
| Please <u>circle</u> which times suit you best. We will allocate times for you to assist in security duties approximately every three months and try to reflect any preference you indicate If you are unable to do security please give your reasons | Friday 6.30pm – 8.00pm Saturday 9.30am – 12.30pm Festival Evening 6.30pm – 8.00pm Festival Morning 9.30am – 12.30pm Adhoc events |
| <i>Care in the community is an important aspect of our Synagogue in which volunteers play a vital role</i> | |
| Please indicate if you are willing to help and would like further information | YES / NO |