St Annes Hebrew Congregation
Orchard Road, St Annes-on-Sea, FY8 1PJ
Telephone: (01253) 721831

APPLICATION FOR MEMBERSHIP

Surname……..

Forename……

Date of Birth……

Hebrew Name……

You may use English characters e.g. Moshe ben Avrohom (HaKohen/HaLevi)

Mother Jewish Yes/No
Mother's First Hebrew Name……

Where were your parents married? ……

Do you have their Kesuvo? (Jewish Marriage Certificate) Y/N ……..

If yes, please provide. If you have no copy, or your parents were not married in a synagogue, then please supply a referee who can verify your Jewish status.

If you have been converted to Judaism, please enclose a copy of your Conversion Certificate

If married, please supply date and place of your marriage

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Name of Wife ……

Wife's date of birth ……

Hebrew name of Wife……..

Wife's Mother Jewish? Y/N
Wife's Mother's First Hebrew Name……

Address……

……

……

Email……

Telephone number(s)

Home……Work……..……Mobile……

Do you retain membership of another synagogue? If so, please state

where…….

Have you been a member of any other synagogue? If so, which?

……

Do you require membership of the Burial Board? Y/N

Are you a member of a burial scheme elsewhere? If so state which.

……..

Type of Membership required (Full/Country)……..

Are you able to sign a gift aid declaration? Y/N

Preferred Method of Payment:

Single Payment/Monthly Standing Order

Name/s of Child/ren living 'at home'

_____**Date of Birth**_____

_____**Date of Birth**_____

_____**Date of Birth**_____

_____**Date of Birth**_____

Details of Next of Kin:

Name_____

Address_____

_____

Tel: _____

Details of any family yahrtzeits you observe

Date of Yahrzeit	Name of Departed	Hebrew Name of Departed	Relationship to Departed

You may use English characters to write the Hebrew name of the departed