

BIRMINGHAM CENTRAL SYNAGOGUE

בית המדרש

133 Pershore Road, Birmingham B5 7PA Tel: 0121 440 4044 Fax : 0121 440 5405

APPLICATION FOR MEMBERSHIP

I/We wish to become Member(s) of the Birmingham Central Synagogue.

If accepted I/we agree to be bound by the Rules and Bye-Laws of the Constitution of the Congregation and any subsequent modifications or amendments thereof.

MALE	FEMALE
Surname _____ Forenames _____ Full address _____ _____ _____ _____ Postcode _____ Telephone: Home _____ Business _____ Mobile _____ Email address _____ Date of birth _____ Occupation _____ Wife's name _____	Surname _____ Forenames _____ Full address _____ _____ _____ _____ Postcode _____ Telephone: Home _____ Business _____ Mobile _____ Email address _____ Date of birth _____ Occupation _____ Husband's name _____
<i>*(Delete as applicable)</i> *I am currently a member of _____ Synagogue *I am not currently a member of a Synagogue but was a member of the _____ Synagogue until _____ Previous address _____ _____ _____ _____	<i>*(Delete as applicable)</i> *I am currently a member of _____ Synagogue *I am not currently a member of a Synagogue but was a member of the _____ Synagogue until _____ Previous address _____ _____ _____ _____
Hebrew name _____ Ben _____ *Cohen/Levi/Yisrael <i>*(Delete as applicable)</i>	Hebrew name _____ Bat _____ *Cohen/Levi/Yisrael <i>*(Delete as applicable)</i>

**Please provide information about any conversion or adoption
(of you or any of the family applying for membership) on the back page.**

Please complete the relevant panel

If Single

Parents' surname

Mother's maiden name

Father's full name

Mother's full name

Name and address of Synagogue at which parents were married

Date of parents' marriage

Please enclose your parents' Ketubah (this will be speedily returned)

If Married

Date of marriage

Wife's maiden name

Name and address of Synagogue where married

Please enclose the Ketubah (this will be speedily returned)

Details of Children (Please give details of adopted children separately)

Forename

Hebrew name

Date of birth

If Divorced

Full name of previous spouse

Date of marriage

Get: *YES / NO

Date and Bet Din Ref No

**(Delete as applicable)*

Name and address of Synagogue where married

Date of parents' marriage

Please enclose the Get (this will be speedily returned)

If Widowed

Full name of spouse

Name and address of Synagogue where married

Date of marriage

Please enclose your Ketubah (this will be speedily returned)

Yahrzeits

Name _____ Relationship to applicant _____

Hebrew name _____

Date of death (English and Hebrew if known) _____ Approx. time of death _____

Name _____ Relationship to applicant _____

Hebrew name _____

Date of death (English and Hebrew if known) _____ Approx. time of death _____

Name _____ Relationship to applicant _____

Hebrew name _____

Date of death (English and Hebrew if known) _____ Approx. time of death _____

Name _____ Relationship to applicant _____

Hebrew name _____

Date of death (English and Hebrew if known) _____ Approx. time of death _____

Membership Rates

I wish to take out membership at £ _____ per annum

Current rates:	until 31/12/2009
	Family £636
	Single £432
	Associate* £100

**Associate membership only available to fully paid up members of another Synagogue*

I wish to pay by Standing Order *YES / NO (Form attached)

**(Delete as applicable)*

I understand the Finance Committee will allocate seats as available (Please indicate area desired)

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If requested, I agree to meet a Member of the Executive and afford him such further information in connection with this application as he may reasonably require.

I authorise the Administrator to take references in connection with this application.

Gift Aid Declaration

Title _____ Forename(s) _____ Surname _____

I want Birmingham Central Synagogue to treat all subscriptions and donations I have made since 6th April 2000 and all subscriptions and donations I make hereafter as Gift Aid Donations.

Signature _____ Date _____

Note: You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the Charity reclaims on your payments. If you stop paying tax you must notify the Synagogue and cancel this declaration.

