

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 _____

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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.

