



(Founded 1761 - 5521)

Western Marble Arch Synagogue

32 Great Cumberland Place, London W1H 7DJ

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Western Marble Arch Synagogue (WMA) and agree to be bound by its Laws and any subsequent amendments thereto:

- (a)* In addition, I hereby apply for membership of the Western Funeral Expenses Scheme and agree to be bound by its Rules and Regulations and any subsequent amendments thereto.
- (b)* In addition, I hereby apply for membership of the United Synagogue Funeral Expenses Scheme and agree to be bound by its Rules and Regulations and any subsequent amendments thereto.
- (c)* I do not wish to apply for membership of either (a) or (b) and I fully understand that as a consequent of such decision my membership of the WMA will not entitle me or my family to any rights of burial.

Surname: Mr/Mrs/Miss

Forename(s):

Address:

..... Post code:

Tel: (Home)..... (Office)

*** I am/was a member of the following Synagogue:**

..... until*

Address:

..... Post code:

Hebrew Name Cohen Levi Yisrael

Date of Birth

Was applicant: Adopted? Yes / No Converted? Yes / No Born Jewish? Yes / No

Date of Marriage (if applicable)

Name of Synagogue:

Address:

..... Post code:

- NB
- (i) Membership is available only to persons who are Jewish according to the Orthodox Tradition.
 - (ii) The spouse of a person who has been accepted as a member of the WMA shall be deemed to be a member of the WMA in his or her own right [subject to (i) above] unless such spouse informs the Secretary in writing that he or she does not require membership of the WMA.
 - (iii) This form will be sent to the Office of the Chief Rabbi for verification prior to the application being submitted to the Executive of the WMA.
 - (iv) Please supply a **copy** of your Wedding Ketubah (if married) and Birth Certificate.

* Please delete as applicable

MEMBERSHIP DETAILS – continued (please complete every section where applicable)

To be completed by a spouse if membership is not required

I understand that my wife/husband has applied to become a member of the WMA and I confirm that I do not require membership of the WMA.

Signature: Print Name:

Details of spouse if applying for membership

Full Name:

Hebrew Name:

Date of Birth:

Was applicant: Adopted? Yes / No Converted? Yes / No Born Jewish? Yes / No

Details if divorced

Full Name of previous spouse:

Synagogue where married:

Date of Marriage:

Get: Yes / No (if yes give date of Get at Beth Din)

Details of Children (under the age of 18 years)

Full Name:

Hebrew Name:

Date of Birth: Male/Female Adopted: YES/NO

Full Name:

Hebrew Name:

Date of Birth: Male/Female Adopted: YES/NO

Full Name:

Hebrew Name:

Date of Birth: Male/Female Adopted: YES/NO

I declare that the aforesaid particulars given by me are correct. I understand that in the event of any question arising at any time in regard to the personal status in Jewish law of myself, or my spouse or any of my children, and my eligibility for WMA membership, the decision of the Chief Rabbi of the United Hebrew Congregations of the Commonwealth shall be final.

Signature:

Print Name: Date:

Yahrzeits:

Name:

Hebrew Name:

Relationship to Member (circle where appropriate):

Husband Wife Father Mother Brother Sister Son Daughter

Date Died: English: Hebrew (if known):

Time of Death (if known): am / pm

Name:

Hebrew Name:

Relationship to Member (circle where appropriate):

Husband Wife Father Mother Brother Sister Son Daughter

Date Died: English: Hebrew (if known):

Time of Death (if known): am / pm

Name:

Hebrew Name:

Relationship to Member (circle where appropriate):

Husband Wife Father Mother Brother Sister Son Daughter

Date Died: English: Hebrew (if known):

Time of Death (if known): am / pm

Name:

Hebrew Name:

Relationship to Member (circle where appropriate):

Husband Wife Father Mother Brother Sister Son Daughter

Date Died: English: Hebrew (if known):

Time of Death (if known): am / pm

Synagogue Office Use

1. WMA membership approved by order of the Executive on behalf of the Board of Management.
2. Western/United Synagogue* Funeral Expenses Scheme membership registered with the burial society (*delete where applicable)

Signed by the Secretary on behalf of the President:

Date: