

Contact details

Address Line 1

Address Line 2

Town County

Postcode Home Tel:

Status Check

IF SINGLE:

Father's forename: Father's surname (if different)

Mother's forename: Mother's maiden name:

Date of parent's marriage: / /

Full Name of Synagogue in which
your parents were married:

Location of Synagogue (City and Country):

Are you adopted? Y/N Are you a convert? Y/N (If yes please enclose documentation of your conversion)

Are your parents currently members of a United Synagogue? Y/N

If yes, please state which one

Additional documentation is required if your parents:

- Married in Israel: Please enclose a copy of their Te'udat Nisu'in (Israeli Marriage Certificate) and your unabridged birth certificate
- Married Overseas (other than Israel): Please enclose a copy of their Ketubah and your unabridged birth certificate
- Married in a non-orthodox or Civil Ceremony: Please enclose a copy of your mother's parents' Ketubah and her unabridged birth certificate, her marriage certificate and your unabridged birth certificate.

IF MARRIED: Date of marriage: (dd/mm/yyyy) / /

Full Name of Synagogue:

Location of Synagogue (City and Country):

Additional documentation is required for the following:

- Married in Israel: Please enclose a copy of your Te'udat Nisu'in (Israeli Marriage Certificate)
- Married Overseas (other than Israel): Please enclose a copy of your Ketubah
- Married in a non-orthodox or Civil Ceremony: Please enclose a copy of the Ketubah of your respective parents, a copy of your civil marriage and your unabridged birth certificates

IF DIVORCED:

Full name of previous spouse:

Date of marriage: / /

Full Name of Synagogue:

Location of Synagogue (City and Country):

Do you have a Get? Yes/No (Please circle) Date of Get / /

Beth Din who gave Get & Reference Number

IF WIDOW/WIDOWER:

Full name of deceased spouse

Date of Death: / / Date of marriage: / /

Full Name of Synagogue:

Location of Synagogue (City and Country):

Children's Details

Please provide details of your children and copies of their full birth certificates who are under 21 or live at the same address as this application. *(If any of your children are adopted and/or converted we will need to refer the application to the London Beth Din, please supply all available supporting documentation)*

Forenames

Surname

Email

Hebrew name

Date of Birth (dd/mm/yyyy) / /

Gender M/F (Please circle). Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Are they a member of Tribe, Young United Synagogue? Y/N (Please circle)
If they are not a member and you would like them to join Tribe, please tick this box

(By ticking this box I agree to my child becoming a Tribe member. For full terms and conditions for Tribe membership please visit www.tribeuk.com) Tribe membership is free for children under 21. For member Synagogues, single children over 21 can join Tribe Community by visiting www.tribeuk.com/tcm for £5 a month and includes synagogue membership and US burial rights (FES).

Forenames

Surname

Email

Hebrew name

Date of Birth / /

Gender M/F (Please circle)
Is this child adopted Y/N (Please circle) Has this child converted? Y/N

Are they a member of Tribe, Young United Synagogue? Y/N (Please circle)
If they are not a member and you would like them to join Tribe, please tick this box

Forenames

Surname

Email

Hebrew name

Date of Birth / /

Gender M/F (Please circle)
Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Are they a member of Tribe, Young United Synagogue? Y/N (Please circle)
If they are not a member and you would like them to join Tribe, please tick this box

Forenames

Surname

Email

Hebrew name

Date of Birth / /

Gender M/F (Please circle)
Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Are they a member of Tribe, Young United Synagogue? Y/N (Please circle)
If they are not a member and you would like them to join Tribe, please tick this box

Terms and conditions

1. Membership is available only to persons of the Jewish Religion as defined by the Court of the Chief Rabbi.
2. Membership of the United Synagogue automatically entitles you to become part of the Funeral Expenses Scheme (FES) which after 6 months of membership ensures that there is a place for you at one of the US cemeteries at no additional cost to loved ones. Payment into the scheme must be continuous and for people joining over the the age of 40 there is an entrance fee depending on age. (Please ask your synagogue administrator for these rates. If you are joining as a married couple the entrance fee is based on husband's age). FES also covers children of members who are under 21. (Children over 21 will need to take membership in their own right.)
If you don't wish to be part of the FES please tick the appropriate box: Applicant 1: Applicant 2:
3. If any of the information on the application is found to be incorrect, the United Synagogue has the right to cancel membership.
4. To resign membership, at least one month's written notice must be given prior to billing period. Such resignation will take effect from the end of the half year in which it is tendered.

I/We declare the details on this form are correct and that we agree to the terms and conditions above.

Signature

Signature

Date (dd/mm/yyyy) / /

Date / /



WESTERN MARBLE ARCH
WORLD JEWRY'S LONDON ADDRESS

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Charity Gift Aid Declaration – multiple donation

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to:

Western Marble Arch Synagogue

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

My Details

Title _____ First name or initial(s) _____

Surname _____

Full Home address _____

Postcode _____ Date _____

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return to The Administrator, Western Marble Arch Synagogue 1 Wallenberg Place, formerly Great Cumberland Place, London W1H 7TN
Company Limited by Guarantee No: 09589315 Charity Registration Number: 11167711
Tel: 020 7723 9333 Fax: 020 7224 8065 email: Gina@marblearch.org.uk