

NEV'E SHALOM - THE HULL REFORM SYNAGOGUE
Application for Membership

Name: _____ Date of Birth: _____
Marital Status: _____ Your Hebrew Name (if applicable): _____
Occupation: _____
Name of Spouse/Partner: _____ Their Date of Birth: _____
Home Address: _____ Spouse/Partner Hebrew Name: _____
Tel No: _____
Postcode: _____

E-mail address: _____
Date and place of marriage (if applicable): _____
Name(s) and date(s) of birth of children (if applicable): _____

(Children aged 21 and over must apply in their own right).

Name and address of your current or previous Synagogue (if applicable): _____

Name and address of the member proposing you: _____

We wish to apply for Associate membership of Ne've Shalom - Hull Reform Synagogue and to provide two forms of ID. Upon admission as Members, we undertake to pay the annual membership subscription as determined from time to time at the AGM of the Synagogue and to observe the Laws of the Synagogue. We also agree to conform to Section 5.4 of the Constitution regarding the burial of non-Jewish spouses/partners and the Synagogues data protection notice.

Signed: _____ Date: _____

Signed: _____ Date: _____

(N.B. Where application is by both spouses, both must sign this declaration)

FOR COMPLETION BY CHAIR/HON. SECRETARY ONLY

Date considered by Council: _____ Date approved: _____

Date of commencement of membership: _____

Notes/Comments: _____