

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

Name (in full): Date of Birth:
Marital Status: Your Hebrew name:
Occupation:
Name of Spouse/Partner: Date of Birth:
Address: Spouse/Partner's Hebrew name:
..... Tel No:
..... Post code:
E-mail address: (if applicable):

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: .
.....
.....

Name and address of the member proposing you:
.....
.....

I/We being (a) member/s of the Jewish Faith wish to apply for membership of the Nev'e Shalom - Hull Reform Synagogue. Upon admission as (a) member/s, I/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.

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: