

FOR SHUL OFFICE ONLY (Office Staff To Initial)

Copy of Ketubah attached

Date form passed to Rabbi for checking.....

Accepted by Rabbi

Covenant forms attached

Call-up (Aliyah) card filled in and attached

Date put to Executive/Council.....

Approved by Executive/Council

Welcome letter sent

Yahrzeit information entered

Bar/Bat Mitzvah details.....

If couple are married, both signatures are required.

Signed:- Applicant..... Spouse.....

I/We declare that to the best of my / our knowledge and belief, all the particulars here are true and that I / we agree to abide by the rules and regulations of the Synagogue.

DECLARATION

Name:-.....

Signature:-.....

11. PROPOSER (Must be a member of the Synagogue)

10. SHUL MEMBERSHIP

Which Shul do you pay full subscriptions to?

9. COVENANTS

Please note that tax-payers are requested to sign Deeds of Covenant as a condition of membership. Please sign **but do not date** enclosed forms. REMEMBER COVENANTS COST YOU NOTHING EXTRA.

8. STANDING ORDERS

Please tick box if you would prefer to pay by this method

I/We enclose £..... quarter plus Burial Board Entry Fee £.....

cheque/cash being Shul/ and Burial Board subscription for first

7. TYPE OF SUBSCRIPTION

a) Quarterly b) Half-Yearly c) Annual

6. BURIAL BOARD

a) Do you require Burial Board Membership? Yes No

b) If not, do you belong to another Burial Board? Yes No

c) Which one?.....

a) Applicant's Father, Date..... Hebrew name.....

" Mother, Date..... Hebrew name.....

b) Spouse's Father, Date..... Hebrew name.....

" Mother, Date..... Hebrew name.....

c) Further Yahrzeit dates you wish to be informed of :-.....

התנועה החרדית

HOLY LAW SOUTH BROUGHTON CONGREGATION

ASSOCIATE MEMBERSHIP APPLICATION FORM

Please complete all sections in block letters.
If you have any queries, please contact the office on 0161 740 1634.
N.B. All subscription fees are payable in advance and a quarters notice of resignation must be given.

DETAILS OF APPLICATION

TYPE OF MEMBERSHIP Double Single

1. Surname (Applicant).....Forename.....

Address.....

Tel No: Home:-.....**Office**:-.....

Date Of Birth.....

Marital Status:- Single Married Divorced Widowed

2. Name (Spouse).....

Date Of Birth.....

3. ADDITIONAL INFORMATION

a) Applicants Hebrew Name

.....Ben/Bas.....Cohen/Levi/Yisroel

b) Mother's Hebrew Name

.....Cohen/Levi/Yisroel

c) Spouse's Hebrew Name

.....Cohen/Levi/Yisroel

d) Spouse's Mother's Hebrew Name.....

.....Cohen/Levi/Yisroel

e) Date of marriage and Shul.....

(Please show copy kethubah)

4. CHILDREN:-

a) Name.....

.....Hebrew name.....

Date Of Birth.....

.....Hebrew name.....

b) Name.....

.....Hebrew name.....

Date Of Birth.....

.....Hebrew name.....

c) Name.....

.....Hebrew name.....

Date Of Birth.....

.....Hebrew name.....

5. YAHRZEIT INFORMATION (if applicable)

Do your children attend Cheder? Yes No

Please state which Schools, if applicable, your children attend.....