



קהלת לוטון

# LUTON SYNAGOGUE

## Membership Application Form

### Instructions for completion

1. Please complete all relevant sections of this form.

2. When complete please return it to:

Membership Secretary  
Luton Hebrew Congregation  
P. O. Box 215  
Luton  
Beds LU1 9ZJ

### Section 1: MEMBERS DETAILS

Title \_\_\_\_\_ Address \_\_\_\_\_  
Surname \_\_\_\_\_  
Forenames \_\_\_\_\_ Town \_\_\_\_\_  
Date of Birth \_\_\_\_\_ County \_\_\_\_\_  
Postcode \_\_\_\_\_  
Hebrew Name \_\_\_\_\_ Home Telephone \_\_\_\_\_  
Cohen  Levy  Mobile Telephone \_\_\_\_\_  
Fathers Work Telephone \_\_\_\_\_  
Hebrew Name \_\_\_\_\_ Occupation \_\_\_\_\_

### Section 2: MARITAL STATUS

Single  Married  Separated  Divorced  Widowed

#### Marriage Details

Married at \_\_\_\_\_ Date \_\_\_\_\_

#### Spouse's details

Forenames \_\_\_\_\_ Date of Birth \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Father's Hebrew Name \_\_\_\_\_

*Your Jewish Marriage Certificate (if applicable) should accompany this form*

**Section 3: CHILDREN'S DETAILS**

Please list all single children under the age of 21.

Name(s)	Sex	Date of Birth	Hebrew Name

**Section 4: YAHRZEIT DETAILS**

Please enter all particulars of Yahrzeits

Hebrew and/or English names	Hebrew and/or English dates	Relationship

**Section 5: CURRENT MEMBERSHIP**

Are you currently a member of a Synagogue?

Yes  No

If you answered yes then please tell us which Synagogue you belong to:

I am currently a member of \_\_\_\_\_ Synagogue

**Section 6: PREVIOUS MEMBERSHIP**

Were you previously a member of a Synagogue?

Yes  No

If you answered yes then please tell us about your previous membership:

I was previously a member of \_\_\_\_\_ Synagogue

From \_\_\_\_\_ To \_\_\_\_\_

During that period I lived at: \_\_\_\_\_

\_\_\_\_\_

Post code \_\_\_\_\_

## Section 7: Declaration

To the Honorary officers of the Luton Synagogue, I wish to become a member of the Synagogue, subject to the rules laid down in the constitution.

I understand that if my account is more than six months in arrears then I shall forfeit all rights and privileges that were afforded to me as a member.

I declare that I have read the guidelines and that all the above particulars are correct. I agree to pay subscriptions and levies as agreed by the Synagogue council and ratified by the general body.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

### Fees

Burial scheme buy-in (one-off fee)	
Burial (quarterly)	
Membership (quarterly)	
Board of Deputies Levy	

### Additional notes

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Approved

Rejected  Reason \_\_\_\_\_

### Signatures

	Signature	Date
Membership Committee		
Treasurer		
Secretary		
President		