



# Spanish & Portuguese Jews' Synagogue

2 Ashworth Road  
London W9 1JY

Telephone: 020 7289 2573  
Fax: 020 7289 2709

ק"ק שער השמים

גמ"ד

E.mail: accounts@spsyn.org.uk

## APPLICATION FOR MEMBERSHIP

Please complete the boxes below in CAPITAL LETTERS

**CONFIDENTIAL**

YAHID OR YEHIDA

SPOUSE

TITLE

SURNAME

FORENAMES

Please give full names ie your name and your father's name, in "English" characters

HEBREW NAMES

Tick appropriate box

COHEN

LEVI

YISRAEL

COHEN

LEVI

YISRAEL

DATE & PLACE OF BIRTH

HOME ADDRESS

POST CODE

TEL No.

E.MAIL

MOBILE

DETAILS OF SEPHARDI ORIGIN/BACKGROUND

FATHER'S NAME

MOTHER'S MAIDEN NAME

WHO INTRODUCED YOU TO THE SYNAGOGUE?  
(or name of nearest relative who is already a member)

IF A PRESENT / PAST MEMBER OF ANOTHER CONGREGATION, please state which one

ARE YOU CONTINUING MEMBERSHIP? please tick

YES

NO

STATUS

MARRIED

SINGLE

DIVORCED

WIDOWED

(delete as appropriate)

SYNAGOGUE OF THE CONGREGATION TO WHICH YOU WOULD LIKE TO BE AFFILIATED (Tick one box only)

BEVIS MARKS

LAUDERDALE ROAD

WEMBLEY

NAME OF SYNAGOGUE WHERE MARRIED & DATE

### EMPLOYMENT

YAHID / YEHIDA

PROFESSION

OCCUPATION

EMPLOYER / BUSINESS ADDRESS

E.MAIL

POSTCODE

TEL No.

SPOUSE

PROFESSION

OCCUPATION

EMPLOYER / BUSINESS ADDRESS

E.MAIL

POSTCODE

TEL No.

### NAHALOT - ANNIVERSARIES OF CLOSE RELATIVES

Enter information in "English" characters

● State either Hebrew or English date of death IN FULL

#### YAHID'S RELATIONS

Relationship

● Date of death

Full Hebrew name (English characters)

#### YEHIDA'S RELATIONS

Relationship

● Date of death

Full Hebrew name (English characters)

**GIFT AID DECLARATION** - Tax reclaim from the Inland Revenue benefits the CONGREGATION and cost you NOTHING.

If you are willing to sign one, please tick this box

PAYMENT OF FINTA Please tick method of payment

STANDING ORDER  CHEQUE  CREDIT CARD  CHARITY VOUCHER

Please tick this box if you would like to pay FINTA BETH HAIM (Funeral scheme)   
(Details were sent to you with this form)

**CHILDREN**

Please give details of ALL your children.

NB: FULL Hebrew names in "English" characters", please

1. FORENAMES	<input type="text"/>	HEBREW NAMES	<input type="text"/>
SURNAME	<input type="text"/>	SEX	<input type="text"/>
DATE / COUNTRY OF BIRTH	<input type="text"/>	MARITAL STATUS	<input type="text"/>
HOME ADDRESS*	<input type="text"/>		
	SYNAGOGUE*	<input type="text"/>	
2. FORENAMES	<input type="text"/>	HEBREW NAMES	<input type="text"/>
SURNAME	<input type="text"/>	SEX	<input type="text"/>
DATE / COUNTRY OF BIRTH	<input type="text"/>	MARITAL STATUS	<input type="text"/>
HOME ADDRESS*	<input type="text"/>		
	SYNAGOGUE*	<input type="text"/>	
3. FORENAMES	<input type="text"/>	HEBREW NAMES	<input type="text"/>
SURNAME	<input type="text"/>	SEX	<input type="text"/>
DATE / COUNTRY OF BIRTH	<input type="text"/>	MARITAL STATUS	<input type="text"/>
HOME ADDRESS*	<input type="text"/>		
	SYNAGOGUE*	<input type="text"/>	
4. FORENAMES	<input type="text"/>	HEBREW NAMES	<input type="text"/>
SURNAME	<input type="text"/>	SEX	<input type="text"/>
DATE / COUNTRY OF BIRTH	<input type="text"/>	MARITAL STATUS	<input type="text"/>
HOME ADDRESS*	<input type="text"/>		
	SYNAGOGUE*	<input type="text"/>	

NOTE: \*Please indicate if different from applicant

**ACTIVITIES** - If you have any skills, interests, etc, of value to the Congregation (eg. religious, cultural, educational, social, fund raising, youth) and you would like to help in some way, please specify below:

**DATA PROTECTION ACT**

We occasionally share information about our members with other carefully selected organisations of a religious, charitable or educational nature whose objectives we support. Please tick this box if you DO NOT want your details to be shared in this way.

**TO THE GENTLEMEN OF THE MAHAMAD**

I/we desire to be elected into membership in accordance with the terms of the Laws of the Congregation now in force and I/we undertake, if elected, to abide by them and any others that may be hereafter enacted.

SIGNED   DATE

**FOR OFFICE USE ONLY**

Finta	£ <input type="text"/>	Finta Beth Haim	£ <input type="text"/>	Yes	No	Date of joining	<input type="text"/>
RABBI'S SIGNATURE	<input type="text"/>						

**REMARKS**

**COMPUTER REFERENCES**

	Date entered	<input type="text"/>	Signed	<input type="text"/>
Members:	Princ	<input type="text"/>	Secy	<input type="text"/>
	Subs	<input type="text"/>		<input type="text"/>
Addresses:	Home	<input type="text"/>	Princ Empl	<input type="text"/>
	Secy Empl	<input type="text"/>		<input type="text"/>
Child:	1	<input type="text"/>	2	<input type="text"/>
	3	<input type="text"/>	4	<input type="text"/>
	5	<input type="text"/>		<input type="text"/>