

APPLICATION FORM
COUNTRY PLUS

WHITEFIELD HEBREW CONGREGATION
Park Lane, Whitefield M45 7PB
Telephone 0161 766 3732
mail@whitefieldshul.co.uk

**PLEASE WRITE ALL HEBREW
NAMES PHONETICALLY**

**PLEASE COMPLETE
IN BLOCK CAPITALS**

NAME OF APPLICANT..... DATE.....

ADDRESS..... COHEN/LEVI/ISRAEL.....

TELEPHONE NUMBER..... E-MAIL ADDRESS(where applicable).....

MARRIED OR SINGLE..... (Please state if either Partner.....
is a Divorcee, Widow or Widower)

DATE OF MARRIAGE..... SYNAGOGUE WHERE MARRIED.....

PLEASE attach KETUBAH. SINGLE APPLICANTS please attach LONG BIRTH CERTIFICATE AND PARENTS' KETUBAH

APPLICANT'S DETAILS

HEBREW NAME.....B'R.....

SPOUSE

WIFE'S FIRST NAME.....

HEBREW NAME.....BAT.....

**SYNAGOGUE OF WHICH THE APPLICANT IS AT PRESENT A
MEMBER.....**

Are any relatives already members of the Shul. If yes please give names and relationship

**PLEASE STATE IF YOU ARE ABLE TO SIGN A GIFT AID
DECLARATION.....**

I hereby apply to be an associate of the Synagogue and agree to abide by the Laws and Constitution.

SIGNATURE OF APPLICANT.....

DATE.....

Approved by Council

Proposed by Seconded by.....

Date.....

FOR OFFICE USE ONLY

H/NAMES INV COMPUTER FORWARD CALENDAR

