MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

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

PLEASE WRITE ALL HEBREW NAMES PHONETICALLY

NAME OF APPLICANT			DATE			
			COHEN/LEVI/ISRAEL			
MARRIED OR SINGLE.	•	(Please state if either Partner is a Divorcee, Widow or Widower)				
DATE OF MARRIAGE	§	SYNAGOGUE WHERE MARRIED				
PLEASE attach KETUBAH	I. SINGLE APPLICANTS	please attach LONG BIR	TH CERTIFICATE AND PA	ARENTS' KETUBAH		
APPLICANT'S DETAILS HEBREW NAME						
DATE OF BIRTH	AC	GE PLACE O	F BIRTH			
FATHER'S ENGLISH AN	ND HEBREW NAMES					
MOTHER'S ENGLISH A	ND HEBREW NAMES					
SYNAGOGUE OF WHIC A MEMBER		AT PRESENT	CUPATION			
<u>SPOUSE</u> WIFE'S FIRST NAME	E HEBREW NAME					
WIFE'S MAIDEN NAME		OCCUPATION	ON			
DATE OF BIRTH	AC	GE PLACE OF	BIRTH			
WIFE'S FATHER'S ENG	ILISH AND HEBREW NA	AMES				
WIFE'S MOTHER'S EN	GLISH AND HEBREW N	AMES				
CHILDREN (Please state BETH DIN certificate rec			iages)			
English Names	Hebrew Names	TIME and Date of Birth	School Attended	Place of Birth		

(PLEASE ATTACH LONG BIRTH CERTIFICATES FOR CHILDREN)

ARE ANY RELATIVES already members of the Shul			
BURIAL BOARD IF MEMBERSHIP OF BURIAL BOARD IS DESIRED NAME OF BURIAL BOARD OF WHICH APPLICANT	Entra	ance Fee will be ac	cording to age £
YAHRZEIT DATES Names in full English Name	Hebrew	v Name	Hebrew Date
Father			
Mother			
Wife's Father			
Wife's Mother			
Others			
PLEASE STATE IF YOU ARE ABLE TO SIGN A GI DECLARATION			
hereby apply for membership of the Synagogue and	d agree to abide by t	he Laws and Cons	titution.
SIGNATURE OF APPLICANT			
DATE			
Approved by Council			
Proposed by	Seconded by	y	
Date			
FOR OFFICE USE ONLY			
CLUB H/NAMES D/BASE YAH/BOOK		OMPUTER FORV 2 F3 F7	VARD CALENDAR