

# Westminster Synagogue Membership Application Form



1 Full name of person applying for membership  
Mr/Mrs/Ms/Dr/

Full name of Spouse  Tick if applying for membership  
Mr/Mrs/Ms/Dr/

2 Hebrew name (if known)

Hebrew name (if known)

3 Home Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Spouse's Address (if different)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

4 Contact Numbers

Mobile: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Home Fax No.: \_\_\_\_\_

Work Fax No.: \_\_\_\_\_

Spouse's Contact Numbers (if different)

Mobile: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Home Fax No.: \_\_\_\_\_

Work Fax No.: \_\_\_\_\_

5 Personal Information

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_  
(Single, Married, Separated, Divorced, Widowed)

Date & Place of Marriage: \_\_\_\_\_

Occupation: \_\_\_\_\_

Personal Information of Spouse

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

6 Religious Background

Jewish:  Liberal  Reform  Masorti  
 United  Sephardi  Other

Date of Bar/BatMitzvah: \_\_\_\_\_

If convert to Judaism: \_\_\_\_\_  
Year & Details

Religious Background of Spouse

Jewish:  Liberal  Reform  Masorti  
 United  Sephardi  Other

Non-Jewish: \_\_\_\_\_  
Religion practised (if any)

Date of Bar/BatMitzvah: \_\_\_\_\_

If convert to Judaism: \_\_\_\_\_  
Year & Details

7 Hebrew skills  
 Fluent  Good  Fair  Little/None

Hebrew skills  
 Fluent  Good  Fair  Little/None

