



## Westminster Synagogue Membership Application Form

I/We apply for membership of Westminster Synagogue, an independent community dedicated to the principles of progressive Judaism, whose goals are the enhancement of our religious experience and the continuing education of our members and their children. Westminster Synagogue is a registered charity. Charity Number:1133190

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

**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  
  
If convert to Judaism: \_\_\_\_\_  
Year & Details  
Date of Bar/BatMitzvah: \_\_\_\_\_

**Religious Background of Spouse**  
Jewish:  Liberal  Reform  Masorti  
 United  Sephardi  Other  
Non-Jewish: \_\_\_\_\_  
Religion practised (if any)  
If convert to Judaism: \_\_\_\_\_  
Year & Details  
Date of Bar/BatMitzvah: \_\_\_\_\_

7 **Hebrew skills**  
 Fluent  Good  Fair  Little/None

**Hebrew skills**  
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8 **Family records**  
To include only dependent children under the age of 18

| Name | Hebrew Name | Date of Birth | Date of Bar/<br>BatMitzvah | Attends Or<br>Shabbat | Attended Or<br>Shabbat |
|------|-------------|---------------|----------------------------|-----------------------|------------------------|
|      |             |               |                            |                       |                        |
|      |             |               |                            |                       |                        |
|      |             |               |                            |                       |                        |
|      |             |               |                            |                       |                        |
|      |             |               |                            |                       |                        |

9 **Other persons in household**

| Name | Relationship | Any other information |
|------|--------------|-----------------------|
|      |              |                       |
|      |              |                       |
|      |              |                       |

10 **Special Skills, Talents, Hobbies** of applicant or family e.g. singing, playing an instrument, photography, IT

| Name | Skill, etc. |
|------|-------------|
|      |             |
|      |             |
|      |             |
|      |             |

11 **Memorials** (Yahrzeits)  
Yahrzeits are observed at a religious service closest to the date of death. Please list the names of those you wish to remember, relationship to specific family member and the time of the day, day, month and year of death.  
 I prefer to observe the Hebrew date

| Name | Hebrew Name | Related to | Relationship | Date | Hebrew Date |
|------|-------------|------------|--------------|------|-------------|
|      |             |            |              |      |             |
|      |             |            |              |      |             |
|      |             |            |              |      |             |
|      |             |            |              |      |             |

12 **Burial Scheme**  
I/We wish to participate Yes No  
(Please read the attached description. Please enclose a cheque for the first year plus over-age supplement if necessary.)

13 **Declaration**

I/We, being of the Jewish faith, wish to become (a) member(s) of Westminster Synagogue.

I/We enclose a cheque for my/our initial subscription of £   
(Use attached table and prorate the subscription to next April 30th. Thus in January pay 4/12 of the appropriate subscription.)

I/we agree to pay the appropriate annual subscription on May 1st next and in each subsequent year.

I/We enclose a cheque for admission to the Burial Scheme

I/We enclose a donation on joining of £ (Suggested figure is £250)

I/We have completed and signed the attached Gift Aid form.

I/We have signed the attached Direct Debit Mandate.

\_\_\_\_\_

**Signed** **Date** **Signed** **Date**

For Office use only  
Membership Number: \_\_\_\_\_ Accepted at Executive held on: \_\_\_\_\_