



ק"ק שערֵי צדק  
Southgate & District  
Reform Synagogue

## Membership Application Form

Family name		
First name		
Hebrew name		
Date of birth		
Address		
Home telephone		
Work telephone		
Mobile		
Fax		
e-mail		
Religion of mother or Beit Din & date of conversion		
Marital Status		
Date & place of marriage		
Previous marriage		
Current synagogue		
Occupation		
Interests & skills		

OFFICE USE ONLY:

Council Mtg:		Added to database:		Added to Subs:	
Subs Code:		Name:		Membership no.	

Children of you and your present spouse		
Name	Date of birth	Hebrew Name

Children, not of you and your present partner, in your custody			
Name	Date of birth	Name of parents	Mother's religion

Please give details of any <i>yahrzeits</i> of which you would like to be informed		
Name of deceased	Date and year of death	Relation

I wish to pay subscriptions : Monthly / Quarterly / Half-yearly / Annually  
 By Direct Debit / Cheque / Cash

I declare that I am/am not a Tax Payer and my subscription can be treated as a Gift Aid donation

I/we understand that, on the death of any of the above mentioned applicants over 50 years of age at the date of application for membership, my/our Executor will be required to pay an amount in respect of burial fees

**I/we hereby apply for membership of the Southgate & District Reform Synagogue and on acceptance, agree to abide by the Constitution of the Synagogue and undertake to pay the membership subscription as determined by the Synagogue Council.**

I understand that information on this application will be stored, confidentially, on the SDRS Computer

Signed ..... Date .....

Signed ..... Date .....