

# TRANSFER OF MEMBERSHIP



PRESENT MEMBERS OF \_\_\_\_\_ SYNAGOGUE  
 TRANSFER MEMBERSHIP TO \_\_\_\_\_ SYNAGOGUE

DATE MEMBERSHIP COMMENCES: Pesach \_\_\_\_\_ Rosh Hashanah \_\_\_\_\_

FES YES  NO  COVENANT YES  NO

**MALE**

**FEMALE**

TITLE \_\_\_\_\_ FORENAME \_\_\_\_\_

SURNAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

\_\_\_\_\_

POST CODE \_\_\_\_\_

TEL. NO Home \_\_\_\_\_  
 Work \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Fax \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

WAS APPLICANT ADOPTED? YES / NO  
 WAS APPLICANT CONVERTED? YES / NO  
 WAS APPLICANT'S MOTHER BORN JEWISH? YES / NO

HEBREW NAME \_\_\_\_\_

MARITAL STATUS Single  Married  Divorced  Widowed

DATE OF MARRIAGE \_\_\_\_\_ PLACE OF MARRIAGE \_\_\_\_\_

IF DIVORCED: GET Yes / No Date: \_\_\_\_\_ Ref. No: \_\_\_\_\_

**CHILDREN UNDER 21**

Name _____	Name _____
Hebrew Name _____	Hebrew Name _____
Date of Birth _____	Date of Birth _____
Adopted? YES / NO	Adopted? YES / NO
Name _____	Name _____
Hebrew Name _____	Hebrew Name _____
Date of Birth _____	Date of Birth _____
Adopted? YES / NO	Adopted? YES / NO

I/We declare that the particulars given by me/us are correct. I/We understand that in the event of any question arising at any time in regard to the personal status in Jewish Law of myself, my wife or any of my children, or of the eligibility of any one of us for synagogue membership, the decision of the Chief Rabbi of the United Hebrew Congregations of the Commonwealth shall be final.

- NB:
- (i) Membership is available only to persons of the Jewish religion.
  - (ii) Burial Rights (and Funeral Rights where applicable) will continue but if applying for FES on transfer this becomes effective only after six months membership and will only continue while membership contributions are paid regularly.
  - (iii) Notice resigning/transferring membership must be received by the Secretary **in writing at least one calendar month prior to the half-yearly invoicing date.** Such resignation will take effect from the end of the half-year in which it is tendered.

I confirm that I resign my membership currently at \_\_\_\_\_ Synagogue.

Reason for transfer \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date received by HO .....	Date received by departing synagogue .....	Amount outstanding .....
Date returned by HO .....	Date returned by departing synagogue .....	W/O balance Yes / No .....
Signature .....	URK .....	

# Yahrzeits

Name

Hebrew Name

Relationship to Member Husband  Wife  Father  Mother  Brother  Sister  Son  Daughter

Date Died Hebrew  if unknown, English

\*Time of Death  a.m./p.m.

Name

Hebrew Name

Relationship to Member Husband  Wife  Father  Mother  Brother  Sister  Son  Daughter

Date Died Hebrew  if unknown, English

\*Time of Death  a.m./p.m.

Name

Hebrew Name

Relationship to Member Husband  Wife  Father  Mother  Brother  Sister  Son  Daughter

Date Died Hebrew  if unknown, English

\*Time of Death  a.m./p.m.

Name

Hebrew Name

Relationship to Member Husband  Wife  Father  Mother  Brother  Sister  Son  Daughter

Date Died Hebrew  if unknown, English

\*Time of Death  a.m./p.m.