

Application for membership

# Welcome

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Everything you need to join your local United Synagogue

**Name of Synagogue you wish to join:**

Thank you for deciding to join the United Synagogue. Please complete this application form and it will be processed within 28 days. (This may be a little longer if additional documents are required.)



The **US**

# Personal Details

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## Applicant 1

Title  Forename(s)

Surname  Previous names (eg Maiden name)

Hebrew name

Are you a: Cohen Levi Yisrael Date of Birth (dd/mm/yyyy)  /  /

Gender: Male Female Mobile number

Work number

Email

## Applicant 2 (if joining)

Title  Forenames

Surname  Previous names (eg Maiden name)

Hebrew name

Are you a: Cohen Levi Yisrael Date of Birth  /  /

Gender: Male Female Mobile number

Work number

Email

# Contact details

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Address Line 1

Address Line 2

Town  County

Postcode

Home Tel:

# Funeral Expenses Scheme

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**Membership of the US Funeral Expenses Scheme (FES)** provides you with the peace of mind that in the case of your passing, your funeral costs within a US open cemetery will be met at no additional cost to loved ones.

As a member of The US, you are automatically entitled to join the FES, which after the initial 6 months of your US membership confirms your membership of the FES scheme. Payment into FES together with membership of The US must be continuous and subscribed to on an annual basis. For people joining over the age of 40 there is an entrance fee to join the FES depending on your age at time of application. (Please ask your synagogue administrator for the current rates.)

Membership of the FES also covers children of US members who are under the age of 21, providing the children are recognised as Jewish by the Court of the Chief Rabbi. (Please note that children of US members over the age of 21 are no longer part of the US FES scheme unless they become members in their own right. Our recommended membership scheme for those who are single and aged between 21–29 is Tribe Community Membership and you can apply to join online via [www.tribeuk.com/tcm](http://www.tribeuk.com/tcm)). It should be noted that in order to be eligible to vote and stand for election in a US shul, individuals must be over 18 years of age and be a member of the United Synagogue in their own right.

For further details and the terms and conditions of the US FES please see the US website at [www.theus.org.uk/FES](http://www.theus.org.uk/FES) or call the US membership team on 020 8343 5687

If you **don't wish to be** part of the FES please tick the appropriate box:

Applicant 1:  Applicant 2:  Reason for **not** joining FES:

# Status Check

Membership to the United Synagogue is open to any Jew. To become a member of the United Synagogue, the applicants' Jewish Status must be confirmed by the Court of the Chief Rabbi. The following section is to verify your status. (Additional documentation may be requested.)

## IF SINGLE:

Father's forename:  Father's surname (If different)

Mother's forename:  Mother's maiden name:

Date of parent's marriage:  /  /

Full Name of Synagogue in which your parents were married:

Location of Synagogue (City and Country):

Are you adopted? Yes No Are you a convert? Yes No (If yes please enclose documentation of your conversion)

Are your parents currently members of a United Synagogue? Yes No

If yes, please state which one

### Additional documentation is required if your parents:

Married in Israel: Please enclose a copy of their Te'udat Nisu'in (Israeli Marriage Certificate) and your unabridged birth certificate

Married Overseas (other than Israel): Please enclose a copy of their Ketubah and your unabridged birth certificate

Married in a non-orthodox or Civil Ceremony: Please enclose a copy of your mother's parents' Ketubah and her unabridged birth certificate, her marriage certificate and your unabridged birth certificate. If you are over 30 please provide us with a copy of your full birth certificate.

**IF JOINING TO GET MARRIED:** Date of marriage: (dd/mm/yyyy)  /  /

Full Name of Synagogue:

**IF MARRIED:** Date of marriage: (dd/mm/yyyy)  /  /

Full Name of Synagogue:

Location of Synagogue (City and Country):

### Additional documentation is required for the following:

Married in Israel: Please enclose a copy of your Te'udat Nisu'in (Israeli Marriage Certificate)

Married Overseas (other than Israel): Please enclose a copy of your Ketubah

Married in a non-orthodox or Civil Ceremony: Please enclose a copy of the Ketubah of your respective parents, a copy of your civil marriage and your unabridged birth certificates

## IF DIVORCED:

Full name of previous spouse:

Date of marriage:  /  /

Full Name of Synagogue:

Location of Synagogue (City and Country):

Do you have a Get? Yes No Date of Get  /  /

Beth Din who gave Get & Reference Number

## IF WIDOW/WIDOWER:

Full name of deceased spouse

Date of Death:  /  /  Date of marriage:  /  /

Full Name of Synagogue:

Location of Synagogue (City and Country):

### Additional documentation is required for the following:

Married in Israel: Please enclose a copy of your Te'udat Nisu'in (Israeli marriage certificate)

Married Overseas: (other than Israel): Please enclose a copy of your Ketubah

Married in a non-orthodox or Civil Ceremony: Please enclose a copy of your parents' Ketubah and your unabridged birth certificate

# Children's Details

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Please provide details of your children and copies of their full birth certificates who are under 21. *(If any of your children are adopted and/or converted we will need to refer the application to the Court of the Chief Rabbi, please supply all available supporting documentation).* By joining the United Synagogue, your children under the age of 21 become members of Tribe for free. To find out about Tribe events and activities visit [www.tribeuk.com](http://www.tribeuk.com). **Your membership does not cover children over 21.** Any single children aged 21–29 can join a community online for £5 a month through Tribe Community membership (TCM) at [www.tribeuk.com/tcm](http://www.tribeuk.com/tcm) (TCM includes synagogue membership and US burial rights, FES).

Forenames

Surname

Email

Hebrew name

Date of Birth (dd/mm/yyyy)  /  /

Gender    Male    Female    Is this child adopted?    Yes    No    Has this child converted?    Yes    No

Forenames

Surname

Email

Hebrew name

Date of Birth  /  /

Gender    Male    Female    Is this child adopted?    Yes    No    Has this child converted?    Yes    No

Forenames

Surname

Email

Hebrew name

Date of Birth  /  /

Gender    Male    Female    Is this child adopted?    Yes    No    Has this child converted?    Yes    No

Forenames

Surname

Email

Hebrew name

Date of Birth  /  /

Gender    Male    Female    Is this child adopted?    Yes    No    Has this child converted?    Yes    No

# Yahrzeits

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The yahrzeit is the Hebrew anniversary of a relative's death. Your Synagogue will be able to send you an annual letter stating the corresponding English date.

**Mourner's Name**

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am pm

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am pm

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am pm

**Mourner's Name**

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am pm

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am pm

Forename of Deceased  Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death  :  am pm

# Terms and conditions

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1. Membership is available only to persons of the Jewish religion as defined by the Court of the Chief Rabbi and is subject to the Bye-laws of the United Synagogue.
2. Please confirm your communication preferences by ticking the boxes below and I understand that I can change the way I am contacted by the US at any time via the MyUS membership portal.  
 I am happy to be contacted by electronic means for US aims & ideals, fundraising activities and political campaigns.  
 I am happy to be contacted electronically by the US for related third party services, fundraising activities & events.
3. If any of the information on the application is found to be incorrect, the United Synagogue has the right to cancel membership.
4. US membership is continuous. To resign, at least one month's written notice must be given to the synagogue office. On resignation, all rights provided by the FES Scheme and US membership are lost and no refund of past payments is payable.

Your reasons for joining (please select):

- This is the community where I/we attend services and events;
- I/We want to be part of a Jewish community;
- I/We like the Rabbi;
- My/Our child's upcoming Barmitzvah/ Batmitzvah is at this synagogue;
- I'm/ We're getting married under the US;
- I/We got married recently and would like to take up the US Marriage Discount;
- My/Our family are US members;
- A friend recommended this synagogue;
- To be part of the US Funeral Expenses Scheme;
- I/We want to stand for the Board of Management;
- I/We'd like to use the member discount when booking US events;
- Other (please tell us): \_\_\_\_\_

I/We declare the details on this form are correct and that we agree to the terms and conditions above.

Signature

Signature

Print Name

Print Name

Date (dd/mm/yyyy)  /  /

Date (dd/mm/yyyy)  /  /

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## FOR OFFICE USE

Date of membership to commence:     /     /

URK:

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FES Entrance Fee:     Applicant 1     Applicant 2     Paid Date:     Seat number:

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305 Ballards Lane  
North Finchley, N12 8GB

T: 020 8343 8989

Registered Charity Number 242552



Synagogue

Member ID No

### Gift Aid Declaration

Charity Name: United Synagogue

Details of donor

Title..... Forename(s).....Surname.....

Full Home Address.....

.....

.....Postcode.....

I confirm that I am a tax payer and that I want to gift aid all donations that:

I make from the date of this declaration and all future Gift Aid donations, until I notify you otherwise

**OR**

I have made in the past 4 years and all future donations from the date of this declaration as Gift Aid donations until I notify you otherwise.

*Please tick the appropriate box*

Signature.....Date   /   /

**THE DONOR SIGNING THIS FORM MUST BE THE PERSON WHO MAKES THE DONATION(S)**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

#### NOTES

Please notify the United Synagogue if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

**If you pay income tax at the higher rate**, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

If you are unsure whether your donations qualify for Gift Aid tax relief either ask your Synagogue Office or refer to [www.gov.uk](http://www.gov.uk) website.

**NB:**  
**ANY PAYMENT FROM WHICH YOU DERIVE A PERSONAL BENEFIT DOES NOT CONSTITUTE A DONATION THAT QUALIFIES FOR GIFT AID.**