**Member/Friend Application Form**

(Please fill in this form as fully as possible, using block capitals)

|  |  |
| --- | --- |
| Surname:  | Mr / Mrs / Miss / Ms / Dr / Other ..............................  |
| Forenames:  | I prefer to be called:  |
| Hebrew Name (if known):  | Date of Birth:  |
| Home Address: Post Code:  |
| Home Phone:  | Work Phone:  |
| Mobile:  | Occupation:  |
| Email Address:  | Nationality:  |
| If you have children under the age of 16 they can be included in your family membership at no additional charge. Please fill in their details below: |
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|  |  |  |  |
| --- | --- | --- | --- |
| Full name | Hebrew name | Gender | Date of Birth |
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| In Case of Emergency (I.C.E.) Contact Information:  |
| Name:  | Relationship to you:  |
| Home Phone:  | Mobile:  |

Please use this page to tell us a bit more about yourself and your family. Partners who would like to join as a Member or a Friend must complete their own application form

|  |  |  |
| --- | --- | --- |
| Do you have a Jewish partner who would like to join the LJS as a Member?  | Yes  | No  |
| Do you have a non-Jewish partner who would like to join the LJS as a Friend?  | Yes  | No  |
| Were you previously affiliated to another Synagogue? If so, please tell us the name of the community.  | Yes  | No  |
| What attracted you to become a member of The LJS?  | Yes  | No  |
| Are there any activities, events or groups in which you are particularly interested?  | Yes  | No  |

Please give details of any Yahrzeits you may wish to commemorate

|  |  |  |
| --- | --- | --- |
| Name of the deceased  | Relationship to you  | Date of Death  |
| Date  | Month  | Year  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| I wish to become a MEMBER of…… and declare that I am of the Jewish faith  | Signature:  | Date:  |
| I wish to become a FRIEND of…. I am not of the Jewish faith.  | Signature:  | Date:  |