**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: | |
| |  |  |  |  | | --- | --- | --- | --- | | Full name | Hebrew name | Gender | Date of Birth | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |

|  |  |
| --- | --- |
| 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: |