BHWSephardi

Application For Membership

Thank you for deciding to join BHWSephardi Shul and our community.

Please complete this application form and email it back to **bhwsephardi@gmail.com** within 28 days *(this may take a little longer if additional documents are required).*

**Personal Details (main applicant) :**

| Title: | Forename (s) |
| --- | --- |
| Surname: | Previous names (maiden name): |
| Hebrew name: same as English name | Are you a Cohen / Levi / Yisrael (please select) |
| Date of Birth: | Gender: Male / Female (please select) |
| Marital/Relationship status  Address: | Postcode: |
| Mobile no: | Home no: |
| Email address: |  |

**Applicant’s Spouse:**

| Title: | Forename (s) |
| --- | --- |
| Surname: | Previous names (maiden name): |
| Hebrew name: | Are you a Cohen / Levi / Yisrael (please select) |
| Date of Birth: | Gender: Male / Female (please select) |
| Mobile no: | Home no: |
| Email address: |  |

| ***For office use only*** |  |
| --- | --- |
| *Date of membership to commence:* |  |
| *Reference:* | *September 2024 form* |

**Status check**:

| Membership is open to any Jew to become a member of BHWSephardi shul and applicants Jewish status must be confirmed with documentation. The following action is to verify your status (additional documentation may be requested.  **If married:**   | 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 the ***Ketubah*** of your respective parents, a copy of your civil marriage and your unabridged birth certificates. |   **If single:**   | Father's forename: | Father's surname: | | --- | --- | | Mother's forename: | Mother's maiden name: | | Date of parents marriage: | Full name of the shul parents were married: |  | Location of shul (city and country): | | --- | | Are you adopted? Y /N Are You a convert? Y / N (*If Yes, please enclose documentation of conversion*) | | Are your parents currently members of another Synagogue: Y / N 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*** 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, marriage certificate and your unabridged birth certificate. |   **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: Y /N | Date of Get: | | --- | --- |  | Bet Din who gave the Get and reference number: | | --- |   **If widow/widower:**   | Full name of deceased spouse: | Date of marriage: | | --- | --- | | Date of death: |  |  | Full name of the synagogue that your parents were married: | | --- | | 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 parent’s ***Ketubah*** and your unabridged birth certificates. | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

**Children(s) Details:**

**Child 1**

| Forename(s): | Surname: |
| --- | --- |
| Hebrew name: | Date of birth: |
| Gender: Male / Female | Email address: |
| Is this child adopted: Y / N | Is this child converted: Y / N |

**Child 2**

| Forename(s): | Surname: |
| --- | --- |
| Hebrew name: | Date of birth: |
| Gender: Male / Female | Email address: |
| Is this child adopted: Y / N | Is this child converted: Y / N |

**Child 3**

| Forename(s) | Surname : |
| --- | --- |
| Hebrew name: | Date of birth: |
| Gender: Male / Female | Email address: |
| Is this child adopted: Y / N | Is this child converted: Y / N |

**Child 4**

| Forename(s) | Surname : |
| --- | --- |
| Hebrew name: | Date of birth: |
| Gender: Male / Female | Email address: |
| Is this child adopted: Y / N | Is this child converted: Y / N |

**Yahrzeits:**

| The Yahrzeit is the Hebrew anniversary of a relative's death. By providing this information BHWSephardi will be able to send you a yearly letter to state the English date it corresponds to. |
| --- |

**Main applicant:**

| Forename of deceased : | Surname of deceased: |
| --- | --- |
| Hebrew name: | Relationship to applicant: |

| Date deceased (Hebrew or English please provide the year): | Time of death (am or pm): |
| --- | --- |

| Forename of deceased: | Surname of deceased: |
| --- | --- |
| Hebrew name: | Relationship to applicant: |

| Date deceased (Hebrew or English please provide the year): | Time of death (am or pm): |
| --- | --- |

| Forename of deceased: | Surname of deceased: |
| --- | --- |
| Hebrew name: | Relationship to applicant: |

| Date deceased (Hebrew or English please provide the year): | Time of death (am or pm): |
| --- | --- |

**Applicants spouse:**

| Forename of deceased: | Surname of deceased: |
| --- | --- |
| Hebrew name: | Relationship to applicant: |

| Date deceased (Hebrew or English please provide the year): | Time of death (am or pm): |
| --- | --- |

| Forename of deceased: | Surname of deceased: |
| --- | --- |
| Hebrew name: | Relationship to applicant: |

| Date deceased (Hebrew or English please provide the year): | Time of death (am or pm): |
| --- | --- |

| Forename of deceased: | Surname of deceased: |
| --- | --- |
| Hebrew name: | Relationship to applicant: |

| Date deceased (Hebrew or English please provide the year): | Time of death (am or pm): |
| --- | --- |

**Important Information:**

Membership of the BHWSephardi Community costs:

**• £40 a month for a Family membership**

**• £20 a month for Single Adult membership**

**Please select the relevant option below:**

* **Family Membership**
* **Single Adult Membership**

If you are experiencing financial difficulty and wish to discuss your membership fee confidentially, please contact the shul’s treasurer.

**Donations:**

Approximately half of BHWSephardi’s annual budget is covered by membership fees. The Synagogue relies on the balance of voluntary donations, often generously made by members or friends of members at the time of a Simcha or other significant life event.

Please contact the treasurer of the synagogue.

Thanks for your support.

**Bank Details:**

Bhwsephardi

Business community current account:

Account no: 46095227

Sort code: 23-05-80

BHWSephardi Treasurer contact details: **07772 443343**

I / We declare that the details on this form are correct and I/we have understood the information above.

| Main applicant: |  |
| --- | --- |
| Signature: | Date: |
| Print name: |  |
| Main applicant's spouse: |  |
| Signature: |  |
| Print name: | Date: |