



# READING HEBREW CONGREGATION

7, Goldsmid Road, Reading, Berkshire, RG1 7YB

Registered Charity No: 220098



## APPLICATION FOR MEMBERSHIP [PLEASE PRINT]

### Applicant 1

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other:	First Name/s:	Surname:
Mobile No:	Email Address:	Hebrew Name:
Date of Birth:	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	

### Applicant 2

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other:	First Name/s:	Surname:
Mobile No:	Email Address:	Hebrew Name:
Date of Birth:	<input type="checkbox"/> Cohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisrael	

Address:	
Postcode:	
Home Telephone No:	

### **IF MARRIED, OR IF DIVORCED FROM AN ORTHODOX MARRIAGE**

Date of marriage

Place of marriage

Please supply a copy of your ketubah (or Get if divorced).

### **IF SINGLE OR NOT MARRIED IN AN ORTHODOX CEREMONY**

Please supply a photocopy of your FULL birth certificate and a copy of your parents' ketubah or other Orthodox marriage documentation.

CHILDREN			
	English Name	Hebrew Name	DOB
1.			
2.			
3.			
4.			
<ul style="list-style-type: none"> <li>● If more than four children, please give additional details on a separate sheet.</li> <li>● Please indicate if any of the children is not the child of both partners.</li> <li>● Please supply full birth certificates for each child</li> </ul>			

**Declarations:**

I/We wish to become member(s) of the Reading Hebrew Congregation and accept the Rules of the Congregation and any amendments that may be made. My/Our application is in accordance with the rules (copy available on request).

I/We agree to pay promptly such membership fees and contributions as determined by the Board of Management of the Synagogue which includes the Board of Deputies Levy. I/We understand that the renewal date for fees is annually on 1st January.

I/We wish to Gift Aid my/our contributions (details on request) Yes [ ] No [ ]

We recommend that our members join the Burial Society – please complete part 2 to join our burial scheme Yes [ ] No [ ]

Please complete part 3 to give details of yahrzeits, if applicable Yes [ ] No [ ]

SIGNATURE [applicant 1] ..... SIGNATURE [applicant 2] ..... DATE .....

**Part 2 - Application to Burial Society**

It is strongly recommended that applicants join our burial society which provides membership of the United Synagogue Burial Rights Scheme and Funeral Expenses as set out in the rules. Cover includes the member, spouse and children up to 21 years of age.

Applicants age 30 or over, joining the Burial Society, will be asked to pay an additional joining fee (details on request).

<b>Declarations</b>	
I/We wish to join the Burial Society and accept the terms and conditions as set down in the Burial Society Rules	Yes [ ] No [ ]
I/We understand that for the first twelve months of membership the scheme provides Burial Rights only, and does not include Funeral Expenses Rights during that period. Therefore during the first twelve months of membership the estate and/or family of the member remain liable for Funeral Expenses in the event of a death occurring during that period.	Yes [ ]
SIGNATURE [applicant 1 ]..... SIGNATURE [applicant 2] .....	
DATE .....	

**Part 3 – Supplementary Information re Yahrzeits**

Please give as much detail as possible. Check the box if the death occurred after dark but before midnight

Relationship (and to whom)	Hebrew date or English date inc year	Year	Hebrew name	English name
	<input type="checkbox"/> night			
	<input type="checkbox"/> night			
	<input type="checkbox"/> night			
	<input type="checkbox"/> night			
	<input type="checkbox"/> night			