APPLICATION FORM FOR MEMBERSHIP OF BRIGHTON & HOVE HEBREW CONGREGATION

To the Secretary.

I wish to become a Member of the Synagogue, subject to the Laws and Byelaws (and any f	future
modifications or alterations thereof).	

modifications or alterations th	iereoi).	
	A B	I wish to join the Funeral Expenses Scheme. I do not wish to join the Funeral Expenses Scheme and understand that my membership contribution does not provide for the cost of a funeral for myself, wife or children.
I am at present a member of the	he	Synagogue
I am not a member of a Synag	gogue a	t present, but was a member of the
		Synagogue until
During that period my address	s was	
FULL NAME: MR/MRS/MISS FULL ADDRESS		
TELEPHONE No:		
Home		Mobile
E-MAIL		
DATE of BIRTH		-

HEBREW NAME _____

If applicable: WIFE'S					
WIFE'S DATE O	F				
	W NAME				
MARRIED AT O	R UNDER THE AUSPICI	ES OF			
	SYNAGOGUE on				
SONS UNDER 18 FORENAME		DAUGHTERS UN FORENAME	NDER 18 YEARS DATE OF BIRTH		
YAHRZEIT DAT Please give full En	TES glish date of death. All me	mbers are notified of yah	rzeits in good time.		
-	-				
NEXT OF KIN Name, Address and	l Telephone No.				
Relationship					
I declare that the ab	pove particulars are correct.				
Signature		Date			

Notes

- (i) Application Form must be submitted with Ketuba (Jewish Marriage Certificate) or Birth Certificate and parent's Ketuba.
- (ii) Membership becomes effective from the date given in the official letter of acceptance from the Synagogue.
- (iii) Burial Rights, Funeral Rights and Grave Reservations, where applicable, only become effective **after one year from the date of joining** and only remain effective during the regular maintenance of **full** membership contributions.
 - (iv) Notice resigning membership must be received by the Secretary in writing.