

Welcome

Everything you need to join your local United Synagogue



The US

LIVING • LEARNING • CARING

Children's Details

Please provide details of your children and copies of their full birth certificates who are under 21 or live at the same address as this application. *(If any of your children are adopted and/or converted we will need to refer the application to the London Beth Din, please supply all available supporting documentation)*

By joining the United Synagogue, your children under the age of 21 become members of Tribe for free. To find out about Tribe events and activities visit www.tribeuk.com. **Your membership does not cover children over 21.** Any single children aged 21-29 can join a community online for £5 a month through Tribe Community membership (TCM) at www.tribeuk.com/tcm (TCM includes synagogue membership and US burial rights, FES).

Forenames

Surname

Email

Hebrew name

Date of Birth (dd/mm/yyyy) / /

Gender M/F (Please circle). Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Forenames

Surname

Email

Hebrew name

Date of Birth / /

Gender M/F (Please circle)

Is this child adopted Y/N (Please circle) Has this child converted? Y/N

Forenames

Surname

Email

Hebrew name

Date of Birth / /

Gender M/F (Please circle)

Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Forenames

Surname

Email

Hebrew name

Date of Birth / /

Gender M/F (Please circle)

Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Yahrzeits

The yahrzeit is the Hebrew anniversary of a relative's death. Your Synagogue will be able to send you a yearly letter to state the English date it corresponds to.

Mourner's Name

Forename of Deceased Surname of Deceased

Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death : am/pm

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Hebrew name

Relationship to Member

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Hebrew name

Relationship to Member

Date deceased (English or Hebrew, please include year)

Time of death : am/pm

Terms and conditions

1. Membership is available only to persons of the Jewish religion as defined by the Court of the Chief Rabbi and is subject to the Bye-laws of the United Synagogue.
2. Please tick here if you are happy for us to pass on your contact information to selected third parties who may contact you directly for fundraising or promotional purposes.
3. Membership of the United Synagogue (US) automatically entitles you to join the Funeral Expenses Scheme (FES) which after 6 months of membership ensures that there is a place for you at a US cemetery at no additional cost to loved ones. Payment into the Scheme together with membership of the US must be continuous. For people joining over the age of 40 there is an entrance fee depending on age. (Please ask your synagogue administrator for these rates.) FES also covers Jewish children of members who are under the age of 21. (Children over 21 will need to take membership in their own right.)

If you **don't wish to be** part of the FES please tick the appropriate box:

Applicant 1: Applicant 2:

4. If any of the information on the application is found to be incorrect, the United Synagogue has the right to cancel membership.
5. US membership is continuous. To resign, at least one month's written notice must be given to the synagogue office. On resignation, all rights provided by the FES Scheme and US membership are lost and no refund of past payments is payable.

Your reasons for joining (please select):

- This is the community where I/we attend services and events;
- I/We want to be part of a Jewish community;
- I/We like the Rabbi;
- My/Our child's upcoming Barmitzvah/ Batmitzvah is at this synagogue;
- I'm/ We're getting married under the US;
- I/We got married recently and would like to take up the US Marriage Discount;
- My/Our family are US members;
- A friend recommended this synagogue;
- To be part of the US Funeral Expenses Scheme;
- I/We want to stand for the Board of Management;
- I/We'd like to use the member discount when booking US events;
- Other (please tell us): _____

I/We declare the details on this form are correct and that we agree to the terms and conditions above.

Signature

Signature

Date (dd/mm/yyyy) / /

Date (dd/mm/yyyy) / /

305 Ballards Lane
North Finchley
N12 8GB



Synagogue

Member ID No

Telephone: 020 8343 8989

Registered Charity Number 242552

Charity Name: United Synagogue

Details of donor

Title..... Forename(s).....Surname.....

Full Home Address.....

.....Postcode.....

I confirm that I am a tax payer and that I want to gift aid all donations that:

I make from the date of this declaration and all future Gift Aid donations, until I notify you otherwise

OR

I have made in the past 4 years and all future donations from the date of this declaration as Gift Aid donations until I notify you otherwise

Please tick the appropriate box

Signature.....Date.....

THE DONOR SIGNING THIS FORM MUST BE THE PERSON WHO MAKES THE DONATION(S)

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

NOTES

Please notify the United Synagogue if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

If you are unsure whether your donations qualify for Gift Aid tax relief either ask your Synagogue Office or refer to www.gov.uk website.

NB: ANY PAYMENT FROM WHICH YOU DERIVE A PERSONAL BENEFIT DOES NOT CONSTITUTE A DONATION THAT QUALIFIES FOR GIFT AID.