

Membership Application Form (Confidential)

For information about how we use your data, please see the Privacy Statement enclosed with your membership pack. You can fill in this form by hand and post/scan and email it back to us (addresses at the bottom of the page). Alternatively you can fill this in electronically:

- Download Adobe Acrobat for PC/Mac free here <https://get.adobe.com/uk/reader/>

- Download Adobe Fill & Sign for mobiles/tablets free here: <https://acrobat.adobe.com/uk/en/mobile/fill-sign-pdfs.html>

ADULT(S)			
Title			
Forename(s)			
Surname			
Gender (X/F/M) & Pronouns (she/her, they/them etc.)			
Date of Birth			
Mobile No.			
Email address			
Address (<i>with full post code</i>)			
Additional telephone numbers (<i>eg home/work</i>)			
Your Hebrew Name (<i>if you have one</i>)			
Next of Kin/Emergency contact (<i>name/phone no./relationship to you</i>)			
CHILDREN (Under 21)			
Forename(s)			
Surname			
Gender			
Date of Birth			
Hebrew Name (<i>if they have one</i>)			
Previous congregation:			
Membership dates:			
Marriage/Civil Partnership (<i>optional</i>):			
Synagogue/Venue:			
Date:			
Yahrzeit list (<i>name(s) and relationship of your deceased first-degree relatives or equivalents – optional</i>)			
Name(s):			
Relationship to you:			
Other information: Please use this space to tell us anything else about yourself and your circumstances that you would like us to know.			

SUBSCRIPTION (please tick appropriate box): (See "Membership Categories and Rates" for subscription rates)

WITH FUNERAL SCHEME (Those joining the burial scheme must read the enclosed burial, cremation & funeral scheme notes & please sign & return the burial & funeral scheme application form.)		WITHOUT FUNERAL SCHEME	
Household, with funeral for 1 adult please state which member:		Household, no funeral	
Household, with funeral for both people		Individual Full, no funeral	
Individual, with funeral		Individual Affiliate, no funeral	
Student, with funeral		Student, no funeral	
		Supporting Friend, no funeral	

Standard Subscription Rate (basic rate taxpayer and income above benefit-level):	Concessionary/Special Agreed Reduced Subscription Rate (concession rate is for those on benefits, or benefit-level income. Other reduced rates must be agreed in advance in discussion with a nominated member of the Management Committee):	Higher Rate Taxpayer Subscription Rate:
£	£	£

Please sign in box 1) or box 2) below as appropriate:

1)
I/We, being Jewish, wish to become (a) member(s) of Kehillah North London in accordance with the provisions of the constitution.
 I/we agree to pay the annual/monthly subscription and such dues as deemed necessary for the running of the Synagogue by the Kehillah Management Committee:
 Signed..... Date.....

2)
I, being non-Jewish, wish to become an Affiliate member / Friend of Kehillah North London in accordance with the provisions of the constitution.
 I/we agree to pay the annual/monthly subscription and such dues as deemed necessary for the running of the Synagogue by the Kehillah Management Committee:
 Signed..... Date.....

I/We have signed and enclose the Gift Aid Declaration Form(s) (Please tick):
 (Please sign one Gift Aid form per adult. It is a membership requirement if you are a UK Taxpayer). If you are a UK Taxpayer who pays an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that we would reclaim on your donations in the appropriate tax year (currently 25p for each £1 you give) and choose not to sign the gift aid form, we ask that you add 25% to your membership subscription.

Please tick one box:

I/we have signed up to pay by Direct Debit via kehillah.org.uk/directdebit (Once your membership is accepted we will email to confirm the amount & date of your first payment. Subsequent payments will leave your account on the 1st day of the month.)	
I/we will make a payment of £____.____ being one year's subscription, by direct bank transfer, with the reference '[your name]Kehillahsubs' or similar	
I/we will set up a standing order at my/our bank for £____.____ per month starting on ____/____/20____ (date) with the reference '[your name]Kehillahsubs' or similar	

Our bank details: Co-operative Bank, Account Name: Kehillah North London, Acc no: 65837917, Sortcode: 08-92-99

Our Newsletter is currently sent out as a hard paper copy to all of our members. If you would prefer NOT to receive the Newsletter by post and to receive it as a soft copy via email instead, confirm the email address(es) you would like this sent to here: