

TRANSFER OF MEMBERSHIP



PRESENT MEMBERS OF _____ SYNAGOGUE

TRANSFER MEMBERSHIP TO _____ SYNAGOGUE

DATE MEMBERSHIP COMMENCES: Pesach _____ Rosh Hashanah _____

FES YES NO

COVENANT YES NO

MALE

FEMALE

TITLE _____ FORENAME _____

TITLE _____ FORENAME _____

SURNAME _____

SURNAME _____

FULL ADDRESS _____

FULL ADDRESS _____

POST CODE _____

POST CODE _____

TEL. NO Home _____

TEL. NO Home _____

Work _____

Work _____

Mobile _____

Mobile _____

Fax _____

Fax _____

DATE OF BIRTH _____

DATE OF BIRTH _____

WAS APPLICANT ADOPTED? YES / NO

WAS APPLICANT ADOPTED? YES / NO

WAS APPLICANT CONVERTED? YES / NO

WAS APPLICANT CONVERTED? YES / NO

WAS APPLICANT'S MOTHER BORN JEWISH? YES / NO

WAS APPLICANT'S MOTHER BORN JEWISH? YES / NO

HEBREW NAME _____

HEBREW NAME _____

MARITAL STATUS Single Married Divorced Widowed

DATE OF MARRIAGE _____

PLACE OF MARRIAGE _____

IF DIVORCED: GET Yes / No Date: _____ Ref. No: _____

CHILDREN UNDER 21

Name _____

Name _____

Hebrew Name _____

Hebrew Name _____

Date of Birth _____

Date of Birth _____

MALE FEMALE Adopted? YES / NO

MALE FEMALE Adopted? YES / NO

Name _____

Name _____

Hebrew Name _____

Hebrew Name _____

Date of Birth _____

Date of Birth _____

MALE FEMALE Adopted? YES / NO

MALE FEMALE Adopted? YES / NO

I/We declare that the particulars given by me/us are correct. I/We understand that in the event of any question arising at any time in regard to the personal status in Jewish Law of myself, my wife or any of my children, or of the eligibility of any one of us for synagogue membership, the decision of the Chief Rabbi of the United Hebrew Congregations of the Commonwealth shall be final.

- NB:
- (i) Membership is available only to persons of the Jewish religion.
 - (ii) Burial Rights (and Funeral Rights where applicable) will continue but if applying for FES on transfer this becomes effective only after six months membership and will only continue while membership contributions are paid regularly.
 - (iii) Notice resigning/transferring membership must be received by the Secretary **in writing at least one calendar month prior to the half-yearly invoicing date**. Such resignation will take effect from the end of the half-year in which it is tendered.

I confirm that I resign my membership currently at _____ Synagogue.

Reason for transfer _____

Date _____ Date _____

Signature of Applicant _____ Signature of Applicant _____

Date received by HO	Date received by departing synagogue	Amount outstanding
Date returned by HO	Date returned by departing synagogue	WO balance Yes / No
Signature	URK	

Yahrzeits

Name

Hebrew Name

Relationship to Member Husband Wife Father Mother Brother Sister Son Daughter

Date Died Hebrew if unknown, English

*Time of Death a.m./p.m.

Name

Hebrew Name

Relationship to Member Husband Wife Father Mother Brother Sister Son Daughter

Date Died Hebrew if unknown, English

*Time of Death a.m./p.m.

Name

Hebrew Name

Relationship to Member Husband Wife Father Mother Brother Sister Son Daughter

Date Died Hebrew if unknown, English

*Time of Death a.m./p.m.

Name

Hebrew Name

Relationship to Member Husband Wife Father Mother Brother Sister Son Daughter

Date Died Hebrew if unknown, English

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