

GIFFNOCK NEWTON MEARN'S SYNAGOGUE



SC049806

APPLICATION FOR SHUL MEMBERSHIP

FULL NAME OF APPLICANT: -----

HEBREW NAME OF APPLICANT: -----

HOME ADDRESS: -----

DATE OF BIRTH: ----- EMAIL ADDRESS: -----

HOME TEL. NO: ----- MOBILE NO: -----

ARE YOU MARRIED ----- DATE OF WEDDING: -----

CONGREGATION WHERE MARRIED: -----

SPOUSE'S FULL NAME: -----

SPOUSE'S HEBREW NAME: -----

DATE OF BIRTH: ----- EMAIL ADDRESS: -----

IF EITHER YOU OR YOUR SPOUSE HAS BEEN DIVORCED, OR IF YOU OR ANY MEMBER OF YOUR FAMILY WAS NOT BORN JEWISH, PLEASE PROVIDE DETAILS OF DATES AND PLACES OF GET (RELIGIOUS DIVORCE) OR CONVERSION: -----

ARE YOU OR HAVE YOU BEEN A MEMBER OF ANOTHER SYNAGOGUE? IF SO, WHICH? -----

ARE YOU A MEMBER OF THE HEBREW BURIAL SOCIETY -----

ARE YOU A MEMBER OF ANY OTHER BURIAL SOCIETY? IF SO, WHICH? -----

NOTES:

1) Please note that under a reciprocal agreement, you must clear any debts due to any other Synagogue before we will consider your application. We may contact them to verify the situation.

2) We may ask for sight of your ketubah or other documentation in support of any of your answers.

3) The Synagogue recognises the authority of the Chief Rabbi of the United Synagogue and the Glasgow Beth Din. Members whose marriage is contrary to Halachah may not qualify to receive honours.

4) Unless you indicate to the contrary, we may share membership data with other communal organisations, and in particular the Glasgow Hebrew Burial Society.

5) Under the Gift Aid scheme, the Synagogue is able to reclaim tax (provided you are a UK taxpayer) and thereby increase the value of your contribution by 22% at no cost to yourself. You may cancel the declaration below at any time.

DECLARATION (to be signed by both applicants in the case of a joint application):

I/We hereby agree to abide by the Constitution and Rules of the Congregation

I/We wish to make all contributions to the Synagogue under Gift Aid

I/We accept that any false statement in or further to this application will render it null and void.

Signed:----- Signed:----- Date:-----

For office use only:

Application checked (to be initialled and dated by the Rabbi):_____ Date:_____

Documents requested _____ Date: _____

Documents returned _____ Date: _____ Seats allocated (G)____(L)___

Childrens seats (G)_____ (L) _____

Please return **all** pages of this form to:
Giffnock Newton Mearns Synagogue Office, 222 Fenwick Road, Giffnock, Glasgow G46 6UE

GIFFNOCK NEWTON MEARN'S SYNAGOGUE
222 Fenwick Road, Giffnock, Glasgow, G46 6UE
Tel: 0141 577 8250 Email: office@gnms.org.uk

CHILDREN UNDER 18

ENGLISH NAME: -----

HEBREW NAME: -----

DATE OF BIRTH: -----

ENGLISH NAME: -----

HEBREW NAME: -----

DATE OF BIRTH: -----

ENGLISH NAME: -----

HEBREW NAME: -----

DATE OF BIRTH: -----

ENGLISH NAME: -----

HEBREW NAME: -----

DATE OF BIRTH: -----

ENGLISH NAME: -----

HEBREW NAME: -----

DATE OF BIRTH: -----

