



Brighton & Hove Reform Synagogue,

Palmeira Avenue, Hove, East Sussex BN3 3GE

Tel: 01273 735343 * Email: office@bh-rs.org * Website: www.bh-rs.org

Office hours: Monday to Thursday 9.30am—3.30pm, Friday 9.30am—2pm,

Closed Tuesday afternoons

Charity No: 1155461

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of the Synagogue and agree to abide by its Constitution

Mr/Mrs/Miss/Ms or Other: _____

Surname: _____ First name: _____

Hebrew Names: _____

Date of Birth: _____

Address: _____

Post Code: _____ County: _____

Telephone: _____ Mobile: _____

Email: _____

Occupation: _____

Place & Date of Marriage: _____

Details of any previous synagogue membership: _____

Occupation/Previous Occupation: _____

Other Notes: _____

Next of Kin:

Name: _____ Relationship: _____

Address: _____

Post Code: _____ County: _____

Telephone: _____ Mobile: _____

Email: _____

Details of children under 21:

Name	Date of Birth	To join Religion School?	Previous Religious Education?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Details of Yahrzeits:

Name	Relationship	Date of Death <i>(Hebrew or English)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to pay the Synagogue Subscription in accordance with the invoice which is issued annually on or around 1st April. I understand that I may pay by direct debit and that, if I choose to gift-aid my subscription, I will complete the attached Gift-Aid declaration.

* Please tick as applicable

Under Gift-Aid * By Direct Debit: In Quarterly Installments * In Monthly Instalments *

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Approved by Rabbi: Signed _____ Date: _____

Approved by Board: Signed _____ Date: _____

* Please tick as applicable: Gift-Aid * Direct Debit *