

Present member(s) of	Synagogue
Transfer membership to	Synagogue
Date membership(s) commences	*Funeral Expenses Scheme: Yes 🗆 No 🗆
Male	Female
Title: Forename(s):	Title: Forename(s):
Surname:	Surname:
Full Address:	Full Address:
Postcode:	Postcode:
Tel no.(s): Home: Work:	Tel no.(s): Home: Work:
Mobile :	Mobile:
Email:	Email:
Date of Birth:	Date of Birth:
Hebrew Name:	Hebrew Name:
Marital Status	
Single \square Married \square	Divorced □ Widowed □
_	ace of Marriage:
If Divorced: 'GET' Yes/No Date:	
Name: Hebrew Name:	Name: Hebrew Name:
Email:	Email:
Date of Birth: Male ☐ Female ☐	Date of Birth: Male ☐ Female ☐
Is the child adopted? Yes/No	Is the child adopted? Yes/No
Has the child converted? Yes/No	Has the child converted? Yes/No
Are they a member of Tribe, Young United Synagogue? Y/N	Are they a member of Tribe, Young United Synagogue? Y/N
If they are not a member and you would like them to join Tribe,	If they are not a member and you would like them to join Tribe,
please tick this box	please tick this box
(By ticking this box I agree to my child becoming a Tribe member. For full terms and conditions for Tribe membership please visit www.tribeuk.com) Tribe membership is free for children under 21. For member Synagogues, single children over 21 can join Tribe Community by visiting www.tribeuk.com/tcm for £60 per year and includes synagogue membership and US burial rights (FES).	(By ticking this box I agree to my child becoming a Tribe member. For full terms and conditions for Tribe membership please visit www.tribeuk.com) Tribe membership is free for children under 21. For member Synagogues, single children over 21 can join Tribe Community by visiting www.tribeuk.com/tcm for £60 per year and includes synagogue membership and US burial rights (FES).
*NB: (i). Burial Rights will continue but if applying for FES on transfer this becompaid where applicable) and will only continue while membership contributions are by the Administrator in writing.	nes effective only after six months continuous membership (and an entrance fee is paid regularly. (ii) Notice of resigning/transferring membership must be received
I confirm that I resign my membership currently at	Synagogue.
Reason for transfer	
Date Date	
Signature of Applicant Signa	ature of Applicant
FOR OFFICE USE ONLY	HOV

For additional children, please complete section below.

Children under 21	Children under 21
Name:	Name:
Hebrew name:	Hebrew name:
Email:	Email:
Date of birth: Male ☐ Female ☐	Date of birth: Male ☐ Female ☐
Is the child adopted? Yes/No	Is the child adopted? Yes/No
Has the child converted? Yes/No	Has the child converted? Yes/No
Are they a member of Tribe, Young United Synagogue? Y/N	Are they a member of Tribe, Young United Synagogue? Y/N
If they are not a member and you would like them to join Tribe,	If they are not a member and you would like them to join Tribe,
please tick this box	please tick this box
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Yahrzeits Details:	
Forename of Deceased Sur	name of Deceased
Hebrew Name in English	
	Relationship to Member
Hebrew Date Deceased (please include year)	
English Date Deceased (please include year)	
Forename of Deceased Sur	name of Deceased
Hebrew Name In English	
Name of Member	Relationship to Member
Hebrew Date Deceased (please include year)	
English Date Deceased (please include year)	
	name of Deceased
Hebrew Name	
Name of Member	Relationship to Member
Hebrew Date Deceased (please include year)	
English Date Deceased (please include year)	
Forename of Deceased Sur	name of Deceased
Hebrew Name I I I I I I I I I I I I I I I I I I I	
	Relationship to Member
Hebrew Date Deceased (please include year)	
English Date Deceased (please include year)	