

giftaid it I would like to Gift Aid my synagogue membership and any donations I make to East London & Essex Liberal Synagogue today and in the future. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each year (6th April to 5th April) that is at least equal to the amount of tax that East London & Essex Liberal Synagogue or any other charities reclaim on my gifts for that year. I understand that other taxes such as VAT and Council Tax do not qualify.

Signature _____ Date _____

Registered Charity No. 1171254

Should you have any queries speak to the Membership Secretary for more details.

Adult 1:

Name _____ (other name if known by one) _____

Surname _____ Occupation _____ Date of birth / /

Address _____ Post code _____

Tel. (home) _____ (mobile) _____ Email _____

Jewish Yes [] No []

Date of Marriage / Civil Partnership (if applicable) _____

Date of Bar / Bat Mitzvah (if applicable) _____

My Hebrew name (if applicable) _____

Mother's Hebrew name (if applicable) _____

Father's Hebrew name (if applicable) _____

East London & Essex Liberal Synagogue Burial Scheme: My burial wishes are as follows.

(If you change your funeral wishes please confirm change in writing to the Burial Secretary.)

- Checkboxes for: Burial at Liberal Judaism's Cemetery Cheshunt, Woodland burial, Forest Park Crematorium, Hainault, Burial at Liberal Judaism's Cemetery at Edgwarebury, I have not yet decided, and I would like to discuss options, Cremation at Hoop Lane (Golders Green) / other crematorium, I have reserved a plot at: Cemetery Plot No.

I have my own Burial provision. Confirmation details have been given to East London & Essex Liberal Synagogue Burial Secretary. I understand that I still have to pay a Ground Fee to Liberal Judaism.

Details of Next of Kin:

Name _____ Address _____ Tel _____

Name _____ Address _____ Tel _____

Office Use only

Joining as: [] Member [] Associate Member [] EL&E Family (includes children up to age 21) [] EL&E Single (includes children up to age 21)

Amount paid for particular calendar year: £ _____ How and when is over-age payment being paid? _____ Is it a reduced contribution? Yes / No Has the membership form been completed correctly? Yes / No

Has standing order form been taken to the bank? Yes / No Has proof of payment been acknowledged? Yes / No Is a burial over-age required? Yes / No If so, how much? £ _____ How is the over-age to be paid? _____ Is a meeting with Rabbi required? Yes / No

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Adult 2:

Name _____ (other name if known by one) _____

Surname _____ Occupation _____ Date of birth / /

Address _____ Post code _____

Tel. (home) _____ (mobile) _____ Email _____

Jewish Yes [] No []

Date of Marriage / Civil Partnership (if applicable) _____

Date of Bar / Bat Mitzvah (if applicable) _____

My Hebrew name (if applicable) _____

Mother's Hebrew name (if applicable) _____

Father's Hebrew name (if applicable) _____

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Registered Charity No. 1171254

Child 1

Name (other name if known by one) Surname Date of birth Address (if different from parents) Post code Tel. (home) (mobile) Email Hebrew name Date of Bar / Bat Mitzvah (if applicable) School/College/University/Place of Work Attend Cheder? Yes No

Child 2

Name (other name if known by one) Surname Date of birth Address (if different from parents) Post code Tel. (home) (mobile) Email Hebrew name Date of Bar / Bat Mitzvah (if applicable) School/College/University/Place of Work Attend Cheder? Yes No

Child 3

Name (other name if known by one) Surname Date of birth Address (if different from parents) Post code Tel. (home) (mobile) Email Hebrew name Date of Bar / Bat Mitzvah (if applicable) School/College/University/Place of Work Attend Cheder? Yes No

Child 4

Name (other name if known by one) Surname Date of birth Address (if different from parents) Post code Tel. (home) (mobile) Email Hebrew name Date of Bar / Bat Mitzvah (if applicable) School/College/University/Place of Work Attend Cheder? Yes No

East London & Essex Liberal Synagogue

MEMBERSHIP Young EL & E member
Associate member Friend of EL & E

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Signature _____ Date _____

Registered Charity No. 1171254

Name (other name if known by one)

Surname Occupation Date of birth ___/___/___

Address
 Post code

Tel. (home) _____ (mobile) _____ Email

College/University/Work details

Date of Bar / Bat Mitzvah (if applicable) _____

Date of Marriage / Civil Partnership (if applicable) _____

Jewish Yes No My Hebrew name (if applicable)

Mother's Hebrew name (if applicable)

Father's Hebrew name (if applicable)

Name(s) of Parent(s) or Guardian(s) who is/are Members of East London & Essex Liberal Synagogue (if applicable)

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- Burial at Liberal Judaism's Cemetery Cheshunt Woodland burial Forest Park Crematorium, Hainault
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How is the over-age to be paid? _____

Is a meeting with Rabbi required? Yes / No

