

# Welcome

---

Everything you need to join your local United Synagogue







# Children's Details

---

Please provide details of your children and copies of their full birth certificates who are under 21 or live at the same address as this application. *(If any of your children are adopted and/or converted we will need to refer the application to the London Beth Din, please supply all available supporting documentation)*

Forenames

Surname

Email

Hebrew name

Date of Birth (dd/mm/yyyy)  /  /

Gender M/F (Please circle). Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Are they a member of Tribe, Young United Synagogue? Y/N (Please circle)

If they are not a member and you would like them to join Tribe, 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](http://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](http://www.tribeuk.com/tcm) for £5 a month and includes synagogue membership and US burial rights (FES).

Forenames

Surname

Email

Hebrew name

Date of Birth  /  /

Gender M/F (Please circle)

Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Are they a member of Tribe, Young United Synagogue? Y/N (Please circle)

If they are not a member and you would like them to join Tribe, please tick this box

Forenames

Surname

Email

Hebrew name

Date of Birth  /  /

Gender M/F (Please circle)

Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Are they a member of Tribe, Young United Synagogue? Y/N (Please circle)

If they are not a member and you would like them to join Tribe, please tick this box

Forenames

Surname

Email

Hebrew name

Date of Birth  /  /

Gender M/F (Please circle)

Is this child adopted? Y/N (Please circle) Has this child converted? Y/N

Are they a member of Tribe, Young United Synagogue? Y/N (Please circle)

If they are not a member and you would like them to join Tribe, please tick this box



# Terms and conditions

---

1. Membership is available only to persons of the Jewish Religion as defined by the Court of the Chief Rabbi.
2. Please tick here if you are happy for us to pass on your contact information to selected third parties who may contact you directly for fundraising or promotional purposes.
3. Membership of the United Synagogue automatically entitles you to become part of the Funeral Expenses Scheme (FES) which after 6 months of membership ensures that there is a place for you at one of the US cemeteries at no additional cost to loved ones. Payment into the scheme must be continuous and for people joining over the the age of 40 there is an entrance fee depending on age. (Please ask your synagogue administrator for these rates. If you are joining as a married couple the entrance fee is based on husband's age). FES also covers children of members who are under 21. (Children over 21 will need to take membership in their own right.)  
If you don't wish to be part of the FES please tick the appropriate box: Applicant 1:  Applicant 2:
4. If any of the information on the application is found to be incorrect, the United Synagogue has the right to cancel membership.
5. To resign membership, at least one month's written notice must be given prior to billing period. Such resignation will take effect from the end of the half year in which it is tendered.

I/We declare the details on this form are correct and that we agree to the terms and conditions above.

Signature

Signature

Date (dd/mm/yyyy)   /   /

Date   /   /



305 Ballards Lane  
North Finchley  
London N12 8GB  
Telephone: 020 8343 8989  
Facsimile: 020 8343 6262  
Registered Charity Number 242552

SYN :  
MEMBER ID :  
NEW/TRANSFER :

Charity Name: United Synagogue

Details of donor

Title Forename(s) Surname

Home Address

Postcode

I confirm that I am a tax payer and that I want the charity to treat

all donations I make from the date of this declaration,

**OR**

all donations I have made from 1st January 2006, until I notify you otherwise, as Gift Aid donations.

Please tick appropriate box

Signature Date

**THE DONOR SIGNING THIS FORM MUST BE THE PERSON WHO MAKES THE DONATION**

You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the United Synagogue reclaims on your donations during each tax year from (6th April one year to 5th April the next)

The United Synagogue will receive 28p on every £1 you have given through to 5th April 2008 – from 6th April 2008 25p for each £1. The Government will pay to the charity an additional 3p on every £1 you give between 6th April 2008 and 5th April 2011 and this will be forwarded to your Synagogue. This transitional relief for the charity is not affected by your personal tax position.

If in the future your circumstances change and you no longer pay tax on your income and/or capital gains tax equal to the tax that the United Synagogue reclaims, you must cancel your declaration

NOTES

**Please notify the United Synagogue if you:**

- Want to cancel this declaration
- Change your name or home address

If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

If you are unsure whether your donations qualify for Gift Aid tax relief either ask your Synagogue Office or contact your local tax office.

**NB: ANY PAYMENT FROM WHICH YOU DERIVE A PERSONAL BENEFIT DOES NOT CONSTITUTE A DONATION.**