



NEW MEMBER APPLICATION FORM

We are delighted that you intend to become a member of this lovely Community. Please indicate which of the following membership classes apply to you and your family:

Tick to indicate

Full Membership

Tick to indicate

Non-Resident Membership

This form is quite long and detailed. We are very happy to sit down with you and help you complete if you wish us to. Please do advise.

Principal Applicant

English Name in Full

Hebrew Name in Full (written in English)

Date of Birth

Occupation/Profession

Address

Post Code

Married

Single

Widowed

Divorced

Tick to indicate

If Married State date of Marriage

Spouse/Partner/Other

English Name in Full

Hebrew Name in Full (written in English)

Date of Birth

Occupation/Profession

Address *(if Different)*

Post Code

Married

Single

Widowed

Divorced

Tick to indicate

If Married State date of Marriage



Please name the synagogue where the marriage took place, and if according to Jewish rites

Are you a member of any other Congregation?

Yes No

If Yes, please supply details

Mobile Number

Phone Number

Email address (if none, Please indicate (N/A))

Do you use WhatsApp

Yes No

Indicate your preferred method of receiving communications

Phone Email Text WhatsApp

Please name the synagogue where the marriage took place, and if according to Jewish rites

Are you a member of any other Congregation?

Yes No

If Yes, please supply details

Mobile Number

Phone Number

Email address (if none, Please indicate (N/A))

Do you use WhatsApp

Yes No

Indicate your preferred method of receiving communications

Phone Email Text WhatsApp



Do you wish to become a member of our Burial Scheme? (Chevra Kadisha)

Yes No

If "No", are you presently a member of any other burial scheme?

Yes No

If "Yes", Please give details of your existing Burial Scheme including your Previous Address

Please state next of kin

Name

Address

Post Code

Phone

Email

Do you wish to become a member of our Burial Scheme? (Chevra Kadisha)

Yes No

If "No", are you presently a member of any other burial scheme?

Yes No

If "Yes", Please give details of your existing Burial Scheme including your Previous Address

Please state next of kin

Name

Address

Post Code

Phone

Email



YAHRTZEIT DATES

If you have lost a parent, sibling or partner, please advise below the date of the yahrzeit. We will then be able to notify you with forthcoming Yahrzeits

Relationship (*Mother, Father, Sister, Brother, Son, daughter*)

English Name

Hebrew Name

Hebrew Date

Relationship (*Mother, Father, Sister, Brother, Son, daughter*)

English Name

Hebrew Name

Hebrew Date

Relationship (*Mother, Father, Sister, Brother, Son, daughter*)

English Name

Hebrew Name

Hebrew Date

Relationship (*Mother, Father, Sister, Brother, Son, daughter*)

English Name

Hebrew Name

Hebrew Date

Relationship (*Mother, Father, Sister, Brother, Son, daughter*)

English Name

Hebrew Name

Hebrew Date

Relationship (*Mother, Father, Sister, Brother, Son, daughter*)

English Name

Hebrew Name

Hebrew Date



CHILDREN

Do You Have Children under 18 yrs old?

Yes No

English Name <input type="text"/>	Hebrew Name <input type="text"/>	Age <input type="text"/>
English Name <input type="text"/>	Hebrew Name <input type="text"/>	Age <input type="text"/>
English Name <input type="text"/>	Hebrew Name <input type="text"/>	Age <input type="text"/>
English Name <input type="text"/>	Hebrew Name <input type="text"/>	Age <input type="text"/>
English Name <input type="text"/>	Hebrew Name <input type="text"/>	Age <input type="text"/>

Next of Kin, if different to the applicants named above

Name <input type="text"/>	Address <input type="text"/>
Phone <input type="text"/>	<input type="text"/>
Email <input type="text"/>	
	Post Code <input type="text"/>



We are keen to help you meet new friends and integrate into our warm and friendly Community. Please see below a current list of BCHC and communal Social Clubs and Activities that you can become involved in, and volunteering opportunities. Please put a mark by the ones you are interested in, and we will advise you accordingly:

Social Clubs and Activities

Bournemouth Jewish Support Services	<input type="checkbox"/>
Bridge	<input type="checkbox"/>
Council of Christian Jews	<input type="checkbox"/>
Emunah/Wizo	<input type="checkbox"/>
Wessex Jewish Golf Society	<input type="checkbox"/>
Israeli Dancing	<input type="checkbox"/>
Meet n Munch Social for the elderly	<input type="checkbox"/>
Parsha of the week and other learning	<input type="checkbox"/>
Ruach Magazine	<input type="checkbox"/>
Sephardi Minyan	<input type="checkbox"/>
Table Tennis	<input type="checkbox"/>

Volunteering Opportunities

Shul Cooking for the Community	<input type="checkbox"/>
Helping to prepare the Kiddushim	<input type="checkbox"/>
Helping in the Shul Shop	<input type="checkbox"/>
Helping the Guild	<input type="checkbox"/>
Transport for non-mobile Members	<input type="checkbox"/>
Help organise Shul Events & Activities	<input type="checkbox"/>
Fund Raising	<input type="checkbox"/>
Helping at one off Yomtov events	<input type="checkbox"/>
Participating in Chevra Kadisha	<input type="checkbox"/>
Helping with the Mikveh	<input type="checkbox"/>

We would appreciate hearing about any other cultural and social activities that would appeal to you. Please do advise.

Having now completed this form, please be good enough to read, have witnessed and sign the below declaration for membership.



DECLARATION by CANDIDATE for MEMBERSHIP. I declare the answers given to be true to the best of my knowledge and belief and thereupon apply for Membership of this Congregation.

If I should marry, at any time, I undertake to do so in accordance with Jewish rites. I further declare that if admitted a Member of this Congregation and at any time it should be found that the information given here, upon which I have been admitted, is incorrect, or that I have withheld anything the knowledge of which might have prevented my gaining admission to the Congregation, or if I commit a breach of the above undertaking, I agree to forfeit all the benefits and privileges I would otherwise be entitled to.

I agree to abide by the Rules of the Congregation.

This _____ day of _____ 20_____

PROPOSED & WITNESSED:

CANDIDATE'S SIGNATURES:

By _____

By _____

We look forward to seeing you in Shul to introduce you to some new friends. Please always feel free to contact the Membership Team.