



Affiliated to the Federation of Synagogues

**APPLICATION FOR MEMBERSHIP
IN CONFIDENCE**

Your details

Title (delete as appropriate)	Dr/Mr	Dr/Miss/Mrs/Ms
Surname		
Forename(s)		
Hebrew Name(s)		
Date of Birth		
Telephone (Home)		
Telephone (Work)		
Telephone (Mobile)		
E-mail		
Occupation(s)		

Address House no/Street:

 Town/local area:

 County:Postcode:

Marital Status

I/we enclose my/our Ketuba (wedding certificate) or that of my parents.

Single Married Divorced Separated Widowed

Date of Marriage

Place of Marriage

2 Fillebrook Road, Leytonstone, London E11 4AT
www.lawsynagogue.org | info@lawsynagogue.org

Details of Unmarried Children under 25

Surname	Forename(s)	Hebrew Name(s)	Date of Birth	M/F

Family members

Do any of your close relatives belong to LAWS? If yes, please give details below:

Surname and Forename(s) of Relative	Relationship

Yahrzeits

Name of relative to be remembered (Hebrew name if possible)	Relationship to you (father, mother etc.)	Yahrzeit date (Hebrew date, or exact civil date including year)

Previous memberships

Were you previously a member of another synagogue?

If yes, please give details below:

.....

Declaration

I/we being member(s) of the Jewish Faith wish to apply for membership of Leytonstone and Wanstead Synagogue. I/we understand that admission is dependent on production of a Ketuba (wedding certificate) or proof of Jewish Faith as agreed with the Honorary Secretary.

I/we undertake to pay the annual membership subscription (which may be varied by the Board from time to time) and declare that the above particulars are true and complete to the best of our/my knowledge. I/we understand that failure to disclose information requested could render my/our application null and void.

Signed: **Signed:**.....

Dated: **Dated:**

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