

# CONFIDENTIAL MEMBERSHIP APPLICATION FORM



Rambam Sephardi  
רמב"ם ספרדי  
ELSTREE & BOREHAMWOOD

Please complete the boxes below in CAPITAL LETTERS. To access electronically please [CLICK HERE](#).

To return your electronic application, or to find out how to return a hard copy, please email: [membership@rambam.org.uk](mailto:membership@rambam.org.uk)

### APPLICANT

### SPOUSE

Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>
Please give full names, i.e. your name and your Father's name in English characters		
Hebrew Names	<input type="text"/>	<input type="text"/>
Tick appropriate box	Cohen <input type="checkbox"/> Levy <input type="checkbox"/> Yisrael <input type="checkbox"/>	Cohen <input type="checkbox"/> Levy <input type="checkbox"/> Yisrael <input type="checkbox"/>
Date & Place of Birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Home Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Email	<input type="text"/>	
Tel No.	<input type="text"/>	Mob. <input type="text"/>
Details of Sephardi Origin/Background	<input type="text"/>	<input type="text"/>
Father's Name	<input type="text"/>	<input type="text"/>
Mother's Maiden Name	<input type="text"/>	<input type="text"/>
Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Name of synagogue where married and date	<input type="text"/> <input type="text"/>	

### CHILDREN - Please give details of ALL your children.

Please use extra paper if needed. NB: FULL Hebrew names in English characters please.

Forenames	<input type="text"/>	Hebrew Name	<input type="text"/>
Surname	<input type="text"/>	Marital Status	<input type="text"/>
Country of Birth	<input type="text"/>	Date of Birth	<input type="text"/> Sex <input type="text"/>
Home Address	<input type="text"/>		
Forenames	<input type="text"/>	Hebrew Name	<input type="text"/>
Surname	<input type="text"/>	Marital Status	<input type="text"/>
Country of Birth	<input type="text"/>	Date of Birth	<input type="text"/> Sex <input type="text"/>
Home Address	<input type="text"/>		
Forenames	<input type="text"/>	Hebrew Name	<input type="text"/>
Surname	<input type="text"/>	Marital Status	<input type="text"/>
Country of Birth	<input type="text"/>	Date of Birth	<input type="text"/> Sex <input type="text"/>
Home Address	<input type="text"/>		
Forenames	<input type="text"/>	Hebrew Name	<input type="text"/>
Surname	<input type="text"/>	Marital Status	<input type="text"/>
Country of Birth	<input type="text"/>	Date of Birth	<input type="text"/> Sex <input type="text"/>
Home Address	<input type="text"/>		

Please tick this box if you would like to pay FINTA BETH HAIM (Funeral Scheme)   
Details of the Funeral Scheme will be sent to you.

**Type of Membership**

Please indicate which category you would like to apply for:

- Young Person (Under age 30)
- Single
- Married Couple
- Family

Persons retaining membership of another synagogue will be entitled to a third off the annual rate.

**PAYMENT OF FINTA** (Please tick method of payment)

- Standing Order
- Cheque
- Pay Pal
- Charity Voucher

**NAHALOT** - Anniversaries of Close Relatives - Enter information in English Characters

State either Hebrew or English date of death in full

**Applicant's Relations**

Relationship	Date of Death	Full Hebrew Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Spouse's Relations**

Relationship	Date of Death	Full Hebrew Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**ACTIVITIES** - if you would like to inform us of any skills, interests, etc, of value to the Congregation (e.g. religious, cultural, educational, social, fund raising, youth) and you would like to help in some way, please specify below.

By submitting this form the applicant confirms that to the best of their knowledge all information contained within is correct.

Signature of Applicant	<input type="text"/>	Date	<input type="text"/>
Signature of Spouse	<input type="text"/>	Date	<input type="text"/>

**DATA PROTECTION ACT**

We occasionally share information about our members with other carefully selected organisations of a religious, charitable or educational nature whose objectives we support. Please tick this box if you DO NOT want your details to be shared in this way.



Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. In order to Gift Aid your donation you must tick the box  I want to Gift Aid my donations today and any donations I make in the future or have made in the past 4 years to: RAMBAM SEPHARDI. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. Please notify the charity if you want to: cancel this declaration, change your name or home address, no longer pay sufficient tax on your income and/or capital gains. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Signature	<input type="text"/>	Date	<input type="text"/>
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**FOR OFFICE USE ONLY**

Finta  Yes  No  Date of Joining

Finta Beth Haim  Yes  No  Date of Joining

Rabbi's Signature

Remarks