



Annual Membership
 (Automatically renewed)

One-off Membership
 (one year only)

Application date: _____

We are delighted you have chosen to become part of our community. We hope that you will find membership an enriching experience and encourage you to explore the diverse opportunities for Jewish expression we offer. Please call upon our clergy, staff, and lay leaders whenever we can assist you in becoming part of the WLS family. All information in this application will be treated confidentially. Please call Maggie Petrova on **0207 535 0273** if you have any questions at all or need assistance in filling in this application.

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Full Name	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
How do you wish to be addressed (if different from above)?		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married _____(date) <input type="checkbox"/> Partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	
Hebrew Name (if known)		
Date of Birth		
Place of Birth		
Languages spoken		
Special Requirements	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment (large print prayer book) <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____
Higher or Lower Rate UK Tax Payer		

Tick here if you would like WLS to reclaim the tax that you have paid on all your donations in the past 4 years and all future donations that you make. WLS will be able to reclaim 25p of tax for each £1 you give. Until 5 April 2011 the government will give an additional 3p for every £1 donated. Please note that you must pay an amount of income tax and/or capital gains tax for each tax year. This amount must be at least equal to the amount of tax that the synagogue will claim on your gifts for the tax year. If you do not do so in one tax year please advise us as soon as possible.

Contact Information

Home address:

Phone: _____ Fax: _____

Mobile 1: _____ Mobile 2: _____

Email 1: _____ Email 2: _____

I would like to receive communications via mail I would like to receive communications via email

Religious Background

	Adult Applicant 1	Adult Applicant 2
Religious background in which you were raised	<input type="checkbox"/> Reform <input type="checkbox"/> Masorti <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated	<input type="checkbox"/> Reform <input type="checkbox"/> Masorti <input type="checkbox"/> Orthodox <input type="checkbox"/> Other _____ <input type="checkbox"/> Jewish unaffiliated
If you became Jewish as an adult Date, Congregation, City		
Bar/Bat Mitzvah (if applicable) Date, Congregation, City		
Wedding anniversary (if applicable) Date, Congregation, City		
Congregation most recently or currently affiliated with		
Please list any relatives/friends who are members at WLS		
Have you ever been a member of another synagogue? If so, when?		

Business Information

	Adult Applicant 1	Adult Applicant 2
Occupation/Title		
Area of specialisation		
Business Phone		
Business Email		

Yahrzeit Information

Name	Date of death Before/After sundown	Family Relationship

Please attach a separate sheet for additional names.

Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First name				
Last name (if different)				
Hebrew name (if known)				
Date of birth (and school year if applicable)				
Address (if not living with you)				
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered
Is this child being raised in the Jewish faith?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this child be attending Religion School at WLS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bar/Bat Mitzvah: Date, Congregation, City				
If previously attended Religion School, list Congregation and City				
Will this child be interested in joining our Youth Club?				

If you have more than four children, please attach an additional page.

Emergency Contact Information

Adult 1 Name: _____

Phone: _____ Relationship: _____

Address: _____

GP's Name & Phone: _____

Adult 2 Name: _____

Phone: _____ Relationship: _____

Address: _____

GP's Name & Phone: _____

Opportunity for Participation

At WLS, we believe that joining a congregation is a spiritual and emotional commitment. We encourage all congregants to become involved in all aspects of life in our congregational community. In furthering this ideal, we request that upon signing this application you commit to participate in congregational life. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your synagogue experience more meaningful.

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Holiday Celebrations and/or decoration | <input type="checkbox"/> Israel Programme |
| <input type="checkbox"/> Young Adults (age 18-35) | <input type="checkbox"/> Social Action & Mitzvah Projects | <input type="checkbox"/> Babies & Toddlers |
| <input type="checkbox"/> Refugee Drop-in Centre | <input type="checkbox"/> Visiting the Sick and Bereaved | <input type="checkbox"/> Contributing to the Review |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Religion School Activities & projects | <input type="checkbox"/> Music & Cultural Events |
| <input type="checkbox"/> LGBT events | <input type="checkbox"/> Hosting | |

Talent and Interest Survey

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Israeli Dancing | <input type="checkbox"/> Languages | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework |
| <input type="checkbox"/> Art | <input type="checkbox"/> Travel | |
| <input type="checkbox"/> Other _____ | | |

What are your passions? What are your interests?

Applicant 1: I, _____, am applying to become a member of West London Synagogue

Signature _____ Date _____

Applicant 2: I, _____, am applying to become a member of West London Synagogue

Signature _____ Date _____