

**APPLICANT INFORMATION**

Title:	Surname:	Date of birth:
Forename(s)		Phone:
Home address:		
Email:	Mobile:	Home Tel:
Work tel:	Place of birth:	Circle appropriate: Kohen Levi Yisrael
Hebrew Name:		
Father's Hebrew Name		Ben
Mother's Hebrew Name		Bat
Father's Name	Mother's Name	Mother's Maiden Name
Are you a present/past member of another Synagogue? Yes/No, If yes, please name		

**FAMILY STATUS**

Marriage status (Circle as appropriate) Single Engaged Married Divorced	Date of Marriage:
Name of Synagogue where married:	

**SPOUSE INFORMATION**

Title:	Surname:
Forename(s)	
Home address:	
Email:	Email:
Work tel:	Work tel:
Hebrew Name:	
Father's Hebrew Name Ben	
Mother's Hebrew Name	Bat
Father's Name	
Are you a present/past member of another Synagogue? Yes/No, If yes, please list	

**CHILD INFORMATION**

Children under 21 are included in parents membership			
Child 1	Gender M/F	Date of Birth	School
Name		Hebrew Name	
Child 2	Gender M/F	Date of Birth	School
Name		Hebrew Name	
Child 3	Gender M/F	Date of Birth	School
Name		Hebrew Name	
Child 4	Gender M/F	Date of Birth	School
Name		Hebrew Name	

**EMPLOYMENT INFORMATION**

Occupation:	
Employer address:	Postcode

**SPOUSE EMPLOYMENT INFORMATION**

Occupation:	
Employer address:	Postcode

**YAHREZITS**

Forename and Surname of Deceased	Date Deceased
Hebrew Name	Ben (Fathers Name) Relationship

Forename and Surname of Deceased		Date Deceased
Hebrew Name	Ben (Fathers Name)	Relationship
<b>MEMBERSHIP PAYMENT</b>		
Membership for the year 1 April 2017 until 31 March 2018 will be £275 for singles and £495 for couples, £545 for families. Once your application is approved, we will send you an invoice requesting membership payment.		
Preferred Method of Payment of Membership Contribution (Please tick):		
<input type="checkbox"/> Bank Transfer <input type="checkbox"/> Cheque, Made payable to "LCST" <input type="checkbox"/> Paypal / CreditCard (no PayPal account needed).		
<input type="checkbox"/> If you wish to pay by installments (standing order), please tick here.		
<b>FUNERAL SCHEME</b>		
<p>If you would like to participate in our annual funeral expenses scheme there is an additional charge. If you have children who you wish to be included in the scheme, please advise the office (no extra charge).</p> <p><b>Option 1 - Burial at Western Burial Foundation (Bulls Cross Ride) Cemetery, in Cheshunt.</b>  The annual fee (for 2017/18) is £94 for all individuals (subject to future annual increases) <b>plus</b> a one-off entrance fee.  Please email <a href="mailto:Office@saatchishul.org">Office@saatchishul.org</a> if you wish to take up this option and she will get back to you with the Entrance Fee</p> <p><b>Option 2 - Personal life insurance policy (payout at Burial ground and place of choosing).</b></p> <p>Please contact James Caplan Cert PFS CeRER, Managing Director, First Financial Intermediaries Ltd on 0208 416 0111 <a href="http://www.firstadvisers.co.uk">www.firstadvisers.co.uk</a> and quote the reference Saatchi</p>		
<input type="checkbox"/> YES I WISH TO PARTICIPATE IN BURIAL SCHEME <input type="checkbox"/> OPTION1 <input type="checkbox"/> OPTION 2 <input type="checkbox"/> NO I DO NOT WISH TO PARTICIPATE IN BURIAL SCHEME		
<b>SIGNATURES</b>		
I authorize the verification of the information provided on this form		
Signature of applicant:		Date:
Signature of spouse ( <i>only if for a joint membership</i> ):		Date:
<b>GIFT AID DECLARATION *</b>		
Your membership fee is eligible for Gift Aid. If you are a UK tax payer please complete this section. This enables us to claim an additional 25p from HMRC for every £1 you donate.		
Name of Charity:    The London Carlbach Shul Trust		
Details of Donor	Title	Forename(s)          Surname
Home Address		Postcode
<input type="checkbox"/> I hereby agree for the Charity to treat my donations as Gift Aid donations. In making this declaration, I confirm the following: I pay/paid an amount of UK income tax and/or capital gains tax greater than or equal to the tax the Charity reclaims on my donations, in the relevant tax year. This declaration relates to all donations that I have made to the Charity in this tax year, and in the future until I give further notice. Please remember to notify the Charity if at any time you no longer pay enough UK tax for it to reclaim tax on your donations.		
Signature		Date

Please send completed form and supporting document to:

**Administrator Saatchi Synagogue, 37/41 Grove End Road, London NW89NG**