

NORWICH HEBREW CONGREGATION

Application for Membership

Name..... Date of Birth

Address.....

.....Post Code.....

Telephone No..... Mobile No

EmailAddress:.....

Membership category:

Joint-Family // Single // Friend (please circle chosen category)

NB – Friends category open to non-Jewish applicants only.

Name of wife/partner (if joining as a couple)
(Applicants with non-Jewish partners often join as a member + friend)

Children under 18:

Name/Age Name/Age
Name/Age Name/Age

Town/Synagogue where married
If Jewish marriage but at a venue other than a Synagogue, under which
auspices.

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Details of previous Synagogue membership (if applicable)

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Date & Place of Parent's marriage (if applicable)

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Details of conversion to Judaism (if applicable)

.....
Signature Date

Please return to: Mrs F. Cadywould, Membership Secretary, 464 Unthank Road, Norwich,
NR4 7QJ or email to membership@NHC.org.uk

The Committee at its next scheduled meeting will consider your application. Copies of any
relevant documents relation to you marriage or other Synagogue memberships would be
helpful.