

Application for Membership

Name Date of Birth

Address

.....

Tel No. Email address

Membership category

Joint/Family Single Friend

Partner's name (if joining as a couple)

Children under 18:

NameAge

.....Age

Town/Synagogue where married if applicable:

Synagogue where marriage took place

If Jewish marriage but at a venue other than Synagogue, under which Synagogue auspices

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Details of previous or present Synagogue membership (if applicable)

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Date and place of parents' marriage (if applicable)

Details of conversion to Judaism (if applicable)

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Signature Date

Please return to Fay Cadywould, Membership Secretary

Email to: enquiries@norwichsynagogue.org.uk

Or post to: 464 Unthank Road, Norwich, NR4 7QK

The Synagogue committee, at its next meeting, will consider your application. Copies of relevant documents relating to your marriage or other Synagogue membership would be helpful.