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Application for Membership as a Friend

 (Not available to Jewish people)

Name …………………………………………….. Date of Birth ………………..

Address ………………………………………………………………………………

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Tel No. ……………………….. Email address ……………………………...............

 Reason for your application (eg family or other connection with a named full member, intention to undertake conversion to Judaism, wish to support the Jewish community, interest in occasional visits to services and /or social events ). Please give details-

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Signature …………………………………………………… Date …………………..

 Please Email to: enquiries@norwichsynagogue.org.uk

Or post to: The Membership Secretary

 Norwich Synagogue

 3 Earlham Rd

 Norwich NR2 3RA

The Synagogue committee, at its next meeting, will consider your application