



# Transfer of Membership

Present members of \_\_\_\_\_ Synagogue \_\_\_\_\_

Transfer membership to \_\_\_\_\_ Synagogue \_\_\_\_\_

Date memberships commences \_\_\_\_\_ Funeral Expenses Scheme: Yes  No

**Male**

**Female**

Title: \_\_\_\_\_ Forename: \_\_\_\_\_

Title: \_\_\_\_\_ Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Surname: \_\_\_\_\_

Full address: \_\_\_\_\_

Full address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Tel no.**

**Tel no.**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile : \_\_\_\_\_

Mobile : \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Hebrew Name** \_\_\_\_\_

**Hebrew Name** \_\_\_\_\_

**Marital Status**

Single  Divorced  Married  Widowed

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

If Divorced: 'GET' yes/no Date: \_\_\_\_\_ Ref No.: \_\_\_\_\_

**Children under 21**

For additional children, please complete section overleaf.

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Hebrew name:** \_\_\_\_\_

**Hebrew name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male  Female

Date of birth: \_\_\_\_\_ Male  Female

Is the child Adopted? Yes/No \_\_\_\_\_

Is the child Adopted? Yes/No \_\_\_\_\_

Has the child converted? Yes/No \_\_\_\_\_

Has the child converted? Yes/No \_\_\_\_\_

Are they a member of Tribe, Young United Synagogue? Y/N \_\_\_\_\_

Are they a member of Tribe, Young United Synagogue? Y/N \_\_\_\_\_

If they are not a member and you would like them to join Tribe, please tick this box

If they are not a member and you would like them to join Tribe, please tick this box

(By ticking this box I agree to my child becoming a Tribe member. For full terms and conditions for Tribe membership please visit [www.tribeuk.com](http://www.tribeuk.com)) Tribe membership is free for children under 21. For member Synagogues, single children over 21 can join Tribe Community by visiting [www.tribeuk.com/tcm](http://www.tribeuk.com/tcm) for £60 per year and includes synagogue membership and US burial rights (FES).

(By ticking this box I agree to my child becoming a Tribe member. For full terms and conditions for Tribe membership please visit [www.tribeuk.com](http://www.tribeuk.com)) Tribe membership is free for children under 21. For member Synagogues, single children over 21 can join Tribe Community by visiting [www.tribeuk.com/tcm](http://www.tribeuk.com/tcm) for £60 per year and includes synagogue membership and US burial rights (FES).

**NB:** (i). Burial Rights will continue but if applying for FES on transfer this becomes effective only after six months continuous membership (and an entrance fee is paid where applicable) and will only continue while membership contributions are paid regularly. (ii) Notice of resigning/transferring membership must be received by the Administrator in writing at least one calendar month prior to billing.

I confirm that I resign my membership currently at \_\_\_\_\_ United Synagogue.

Reason for transfer \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Signature of applicant \_\_\_\_\_

FOR OFFICE USE ONLY	
To Billed from _____	Date _____ URK _____

# For additional children, please complete section below.

## Children under 21

Name: \_\_\_\_\_

Hebrew name: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male  Female

Is the child Adopted? Yes/No \_\_\_\_\_

Has the child converted? Yes/No \_\_\_\_\_

Are they a member of Tribe, Young United Synagogue? Y/N \_\_\_\_\_

If they are not a member and you would like them to join Tribe, please tick this box

(By ticking this box I agree to my child becoming a Tribe member. For full terms and conditions for Tribe membership please visit [www.tribeuk.com](http://www.tribeuk.com)) Tribe membership is free for children under 21. For member Synagogues, single children over 21 can join Tribe Community by visiting [www.tribeuk.com/tcm](http://www.tribeuk.com/tcm) for £60 per year and includes synagogue membership and US burial rights (FES).

## Children under 21

Name: \_\_\_\_\_

Hebrew name: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male  Female

Is the child Adopted? Yes/No \_\_\_\_\_

Has the child converted? Yes/No \_\_\_\_\_

Are they a member of Tribe, Young United Synagogue? Y/N \_\_\_\_\_

If they are not a member and you would like them to join Tribe, please tick this box

(By ticking this box I agree to my child becoming a Tribe member. For full terms and conditions for Tribe membership please visit [www.tribeuk.com](http://www.tribeuk.com)) Tribe membership is free for children under 21. For member Synagogues, single children over 21 can join Tribe Community by visiting [www.tribeuk.com/tcm](http://www.tribeuk.com/tcm) for £60 per year and includes synagogue membership and US burial rights (FES).

## Yahrzeits Details:

Forename of Deceased  Surname of Deceased

Hebrew name in English

Relationship to Member

Hebrew Date deceased

English Date

Forename of Deceased  Surname of Deceased

Hebrew name in English

Relationship to Member

Hebrew Date deceased

English Date

Forename of Deceased  Surname of Deceased

Hebrew name in English

Relationship to Member

Date deceased (English or Hebrew, please include year)

Forename of Deceased  Surname of Deceased

Hebrew name in English

Relationship to Member

Hebrew Date deceased

English Date

305 Ballards Lane  
North Finchley  
N12 8GB

Telephone: 020 8343 8989



Synagogue

Member I D No

Registered Charity Number 242552

**Charity Name: United Synagogue**

**Details of donor**

Title..... Forename(s).....Surname.....

Full Home Address.....

.....Postcode.....

I confirm that I am a tax payer and that I want the charity to treat all qualifying gifts of money that:

I make from the date of this declaration and all future Gift Aid donations, until I notify you otherwise

OR

I have made in the past 4 years and all future donations from the date of this declaration as Gift Aid donations until I notify you otherwise

*Please tick the appropriate box*

Signature.....Date.....

**THE DONOR SIGNING THIS FORM MUST BE THE PERSON WHO MAKES THE DONATION(S)**

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the United Synagogue will reclaim 25 pence of tax on every £1 that I give.

**If in the future your circumstances change and you no longer pay tax on your income and/or capital gains tax equal to the tax that the United Synagogue reclaims, you must cancel your declaration in writing.**

**NOTES**

**Please notify the United Synagogue if you:**

- Want to cancel this declaration
- Change your name or home address

**If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.**

If you are unsure whether your donations qualify for Gift Aid tax relief either ask your Synagogue Office or contact your local tax office.

**NB: ANY PAYMENT FROM WHICH YOU DERIVE A PERSONAL BENEFIT DOES NOT CONSTITUTE A DONATION.**