Borders Lane Loughton, Essex IG10 ITE Phone 020 8508 0303 Email admin@loughton synagogue.comWeb www.loughtonsynagogue.co.uk

under Orthodox Jewish Law to be eligible for membership.

Approved by _____ Honorary Officer



ADMINISTRATOR HOURS

9:30 a.m. – 12:30 p.m. 8:30 a.m. – 2:00 p.m. 8:30 a.m. – 2:00 p.m. 10:00 a.m. – 4:00 p.m. Sunday: Monday: Tuesday: Wednesday:

ACCOUNTS HOURS

Monday: 9:00 a.m. – 1:00 p.m. (by email only) **Wednesday**: 9:00 a.m. – 1:00 p.m.

	EOGGITION S		¬
To the Honorary Officers, I desire to become: A full Member including full Burial Rights*			An Associate member*
Personal Details: Mr	Mrs Ms Miss	Other	
Surname	First Nar		
Date of Birth		Portion	
Mobile			
	olease provide a copy of your birth certific		
Spouse's Details: Mrs	Ms Other		
Hebrew Name			
Date of Birth	Occupation		
	Email		
Data of Marriaga	A + la : a la C .		
Date of Marriage *If applicable please attach a co	ppy of your Ketuba to this application*.	magogue married	
Home Address:			
Post Code	Home Phone Number		
	Sr	ons*	
First Name	Hebrew Name		Date of Birth
Daughters* First Name Hebrew Name		Date of Birth	
mocrame	Tieblew Name		Dute of Birth
Yahrzeit (Anniversary of the death of a relative according to the Jewish date):			
Hebrew Name		Date of Death	Relationship to
I declare that the above has	rticulars are correct. I agree to be	hound by the laws and the bye	s-laws of the synagogue and any
subsequent modifications of	_	bound by the laws and the bye	iaws of the synagogue and any
Signature of applicant			
Associate membership entitles all faci	ety of the Federation of Synagogues is only eff lities but excludes membership of the burial so	ociety.	
	not covered by family membership. Please cor and events, as per Torah law, only persons bor		

Noted by_____

Rabbi