

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 Name/s.....  
 Hebrew Name ..... Cohen  Levi  Israelite   
 Date of Birth ..... Bar Mitzvah Portion .....  
 Mobile ..... Occupation .....  
 Email .....

**LOUGHTON  
SYNAGOGUE**

Borders Lane  
 Loughton, Essex IG10 1TE  
**Phone**  
 020 8508 0303  
**Email**  
 admin@loughtonsynagogue.com  
**Web**  
 www.loughtonsynagogue.com

**Spouse's Details:** Mrs  Ms  Other \_\_\_\_\_  
 Maiden name ..... First Name/s.....  
 Hebrew Name .....  
 Date of Birth ..... Occupation .....  
 Mobile ..... Email .....

**RABBI**  
 Rabbi Zvi Portnoy  
**Mobile**  
 07941 109 687  
**Email**  
 rabbi@loughtonsynagogue.com

Date of Marriage ..... At which Synagogue married .....  
 \*If applicable please attach a copy of your Ketuba to this application\*.

**Home Address:** .....  
 .....  
 Post Code ..... Home Phone Number .....

**CHAIRMAN**  
 Mr Michael Newman  
**Phone**  
 020 3640 7748  
**Email**  
 chairman@loughtonsynagogue.com

Sons\*

First Name	Hebrew Name	Date of Birth

**OFFICE HOURS**  
**Sunday:** 10.00 a.m. – 1.00 p.m.  
**Monday:** 9.30 a.m. – 3.30 p.m.  
**Tuesday:** 9.30 a.m. – 3.30 p.m.  
**Wednesday:** 9.30 a.m. – 3.30 p.m.

Daughters\*

First Name	Hebrew Name	Date of Birth

**ADMINISTRATOR**  
 Mrs Sheryl Weintraub

**Yahrzeit** (Anniversary of the death of a relative according to the Jewish date):

Hebrew Name	Date of Death	Relationship to

Please tick this box if you do NOT wish to receive Yahrzeit reminders sent to you.

Reason for applying: Moved into area  Introduced by ..... Other

I declare that the above particulars are correct. I agree to be bound by the laws and the bye-laws of the synagogue and any subsequent modifications or amendments thereof.

**Signature of applicant** ..... **Date** .....

Notes: Membership of the Burial Society of the Federation of Synagogues is only effective after written acceptance by the Federation of Synagogues Burial Society. Associate membership entitles all facilities but excludes membership of the burial society. Children over the age of 25 years are not covered by family membership. Please consult with the administrator regarding burial rights. Although everybody is welcome to participate in our services, functions and events, as per Torah law, only persons born of a Jewish mother are eligible for membership. Couples are required to be married under Orthodox Jewish Law to be eligible for membership.

Approved by ..... Honorary Officer Noted by ..... Rabbi