



Membership Form

To pray. To learn. To live. Together.

Alyth is the leading Progressive Jewish community in the UK, with the range and quality of activities of a large synagogue, and the feel and warmth of a local community.

Our communal life includes diverse, innovative and engaging prayer and learning; social and cultural activities; care for each other and engagement with the world around us.

In order that you get the best from your membership with Alyth, we ask you to complete the following detailed form.

We welcome your membership and affiliation.

BENEFITS OF ALYTH MEMBERSHIP AND AFFILIATION:

Being part of Alyth, you will enjoy the following (as well as other benefits):

- 1) Rabbinic involvement in key life cycle moments
- 2) Access to our dedicated Youth and Education team and activities
- 3) A rabbi with special responsibility for Early Years
- 4) 24-hour Emergency Care Line with support from our Head of Community Care and Life Cycle
- 5) High Holy Days tickets and programme
- 6) Burial and cremation rights
- 7) A thriving vibrant diary of social, learning and spiritual events throughout the year
- 8) An opportunity to contribute to the events and running of an amazing community

We welcome the partners of non-Jews in a Jewish household to be members and to become engaged in the community.

A family membership includes membership for all those under 18

SUBMISSIONS

Applications can be completed online, submitted via email or at the Alyth office. We encourage and welcome you to visit us and personally hand in your application for membership and affiliation.

If you are completing online, please email your completed form to office@alyth.org.uk. You will then be contacted by one of our professional team.

If you are completing a paper form, please send it back to Alyth Membership, Alyth Synagogue, Alyth Gardens, NW11 7EN. You will then be contacted by one of our professional team.

It would be really helpful if you are able to supply us with a photo so that we are able to identify you.

If you are unable to complete this form online, or if you need any help filling the form in, please contact Lynette Sunderland on 020 8457 8793.

CHECKLIST FOR SUBMISSION:

- Included supporting documents of Jewish status (if applicable)
- Marked the category of membership and affiliation most suited
- Completed a Gift Aid form
- Completed a Direct Debit mandate
- Signed and dated the application

PERSONAL INFORMATION: ADULTS

ADULT 1		ADULT 2 (if applicable)	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Gender:		Gender:	
First Name:		First Name:	
Preferred name:		Preferred name:	
Last Name:		Last Name:	
Maiden Name (if applicable):		Maiden Name (if applicable):	
Home Address:			
City:		Post Code:	
Home Phone:			
Mobile Phone:		Mobile Phone:	
Email:		Email:	
Date of Birth:		Date of Birth:	
Occupation:		Occupation:	
Company Name:		Company Name:	
Work Phone:		Work Phone:	
Work Email:		Work Email:	
Special Requirements: <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Physical Impairment Other:		Special Requirements: <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Physical Impairment Other:	

MARITAL STATUS OR EQUIVALENT

Married
 Civil Partnership
 Partner
 Single
 Divorced
 Widowed

Wedding / Civil Partnership Date (if applicable):

Wedding / Civil Partnership Location (if applicable):

EMERGENCY CONTACT

Emergency Contact Name (other than each other):

Emergency Contact Mobile Phone:

ADULTS RELIGIOUS BACKGROUND

ADULT 1	ADULT 2
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Please tell us about your Jewish background.
(eg: Raised with two Jewish parents; Raised in a non-Jewish household and converted; Not Jewish)

<input type="checkbox"/> Reform <input type="checkbox"/> Liberal <input type="checkbox"/> Masorti <input type="checkbox"/> Orthodox	<input type="checkbox"/> Reform <input type="checkbox"/> Liberal <input type="checkbox"/> Masorti <input type="checkbox"/> Orthodox
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If Jewish by Choice, what was the date of your Conversion?

Hebrew Name (if any):	Hebrew Name (if any):
<i>ben</i>	<i>ben</i>
<i>bat</i>	<i>bat</i>

Please tell us about any previous synagogues you have been members of:

Are you intending to stay members whilst being members at Alyth? Yes No

COMMUNITY ENGAGEMENT

ADULT 1	ADULT 2
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There are a wide range of opportunities in which you can be a part of and engage with your new Community. By indicating your interests we will introduce you to other like-minded people in order that you experience the best from your synagogue membership

Are you new to the area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you new to the area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been a member of Alyth before?	Have you been a member of Alyth before?

Do you have any hobbies, skills, or talents that you might like to share?
(eg: ability to read or teach Hebrew, sing or play a musical instrument, speak about your profession)

Are you, or have you previously been, involved in any community, professional and civic organisations?

ADULT 1 – Community Engagement

Please share with us your interests:

<input type="checkbox"/> Jewish Learning	<input type="checkbox"/> Cooking	<input type="checkbox"/> The Arts (theatre/museums/film/music)
<input type="checkbox"/> Exercise (rambling/cycling)	<input type="checkbox"/> Well Being (yoga/meditation)	<input type="checkbox"/> Israel
<input type="checkbox"/> Spirituality	<input type="checkbox"/> Social Activism	<input type="checkbox"/> Other write below

What areas of Alyth might you like to be involved with:

- | | | |
|---|--|--|
| <input type="checkbox"/> Youth Programmes | <input type="checkbox"/> Shabbat & Festival Services | <input type="checkbox"/> Senior Programmes |
| <input type="checkbox"/> Social Justice | <input type="checkbox"/> Synagogue Leadership | <input type="checkbox"/> Caring Programmes |
| <input type="checkbox"/> Adult Learning | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Israel |
-

Volunteering:

As part of your membership we would like you to offer some time to volunteer in some capacity. You will, unless there are extenuating circumstances, be asked automatically to carry out a security, however, there are many other volunteer opportunities.

Please indicate below where you would like to be involved:

- | | | |
|--|--|---|
| <input type="checkbox"/> Kiddush Rota | <input type="checkbox"/> Flower Rota | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Caring Programmes
(including our Chevra Kadisha) | <input type="checkbox"/> Social Justice Programmes | <input type="checkbox"/> Israel Programmes |
| <input type="checkbox"/> Service Welcome Rota | <input type="checkbox"/> Prayer services support | <input type="checkbox"/> Organising social events |
| <input type="checkbox"/> Not sure, but would just like to be involved | | |
-

ADULT 2 – Community Engagement

Please share with us your interests:

- | | | |
|--|---|---|
| <input type="checkbox"/> Jewish Learning | <input type="checkbox"/> Cooking | <input type="checkbox"/> The Arts
(theatre/museums/film/music) |
| <input type="checkbox"/> Exercise (rambling/cycling) | <input type="checkbox"/> Well Being (yoga/meditation) | <input type="checkbox"/> Israel |
| <input type="checkbox"/> Spirituality | <input type="checkbox"/> Social Activism | <input type="checkbox"/> Other write below |
-

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|---|--|--|
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| <input type="checkbox"/> Caring Programmes
(including our Chevra Kadisha) | <input type="checkbox"/> Social Justice Programmes | <input type="checkbox"/> Israel Programmes |
| <input type="checkbox"/> Service Welcome Rota | <input type="checkbox"/> Prayer services support | <input type="checkbox"/> Organising social events |
| <input type="checkbox"/> Not sure, but would just like to be involved | | |
-

CHILDREN

CHILD 1		CHILD 2	
First Name:		First Name:	
Preferred name:		Preferred name:	
Last Name:		Last Name:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Mobile Phone:		Mobile Phone:	
Email:		Email:	
Hebrew Name (if any):		Hebrew Name (if any):	
<i>ben</i>		<i>ben</i>	
<i>bat</i>		<i>bat</i>	
Name of School:		Name of School:	
Date started:		Date started:	
Date due to end:		Date due to end:	
Special Requirements:	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Other	Special Requirements:	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Other

CHILD 3		CHILD 4	
First Name:		First Name:	
Preferred name:		Preferred name:	
Last Name:		Last Name:	
Gender:		Gender:	
Date of Birth:		Date of Birth:	
Mobile Phone:		Mobile Phone:	
Email:		Email:	
Hebrew Name (if any):		Hebrew Name (if any):	
<i>ben</i>		<i>ben</i>	
<i>bat</i>		<i>bat</i>	
Name of School:		Name of School:	
Date started:		Date started:	
Date due to end:		Date due to end:	
Special Requirements:	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Other	Special Requirements:	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Auditory Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Other

Is your child/ren being raised in the Jewish faith? Yes No

What areas of Alyth would you like your children to be involved with:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Early Years | <input type="checkbox"/> Cheder |
| <input type="checkbox"/> B'nei Mitzvah Programme | <input type="checkbox"/> Singing Groups | <input type="checkbox"/> Drama Groups |

FUNERAL

Are you a member of a Burial Scheme? If yes, which one:

Alyth is a member of the Jewish Joint Burial Society (JJBS) to which a compulsory automatic fee is paid in addition to your synagogue subscription. This will entitle a member, after 6 months of membership, to a burial at the Western Cemetery Cheshunt, or a cremation at Hoop Lane Crematorium. There is also an option for 'Woodland Burial' at Cheshunt for which there is an additional one-off fee.

Non-Jewish adult members of the household are also able to be members of the JJBS and be buried in the Woodland Cemetery at the Western Cemetery Cheshunt. Please tick Woodland Burial below if you would like this option.

Please indicate your funeral intentions:

ADULT 1	ADULT 2
<input type="checkbox"/> Burial	<input type="checkbox"/> Burial
<input type="checkbox"/> Cremation	<input type="checkbox"/> Cremation
<input type="checkbox"/> Woodland Burial	<input type="checkbox"/> Woodland Burial
<input type="checkbox"/> Not Sure (would like to discuss with someone)	<input type="checkbox"/> Not Sure (would like to discuss with someone)

If you are joining a Reform synagogue for the first time and you are over the age of 50, there is Funeral Expenses Shortfall Premium payable dependent on your age at joining.

I am over 50 and need details of the relevant overage Funeral Expenses Shortfall Premium

Yahrzeit Notifications

Jewish custom calls for observing the anniversary of the death of parents, children, spouse and siblings. Please complete the information below, if pertinent, so that we may remind you of dates prior to observance. Your reminder will be sent via email, unless you state below, and will include the date of observance and the date of the Shabbat when the name of your loved one will be mentioned, if requested. This is usually the Shabbat before the yahrzeit date. However, should you wish the name to be mentioned on an alternative Shabbat this can also be accommodated. You are welcome to include loved ones who may be of different faiths.

NOTIFICATION 1

First name:

Last name:

Relationship to member:

Gregorian date of death: (dd/mm/yyyy)

Preference for date of observance: Hebrew / English

NOTIFICATION 2

First name:

Last name:

Relationship to member:

Gregorian date of death: (dd/mm/yyyy)

Preference for date of observance: Hebrew / English

NOTIFICATION 3**First name:****Last name:****Relationship to member:****Gregorian date of death:** (dd/mm/yyyy)**Preference for date of observance:** Hebrew / English**NOTIFICATION 4****First name:****Last name:****Relationship to member:****Gregorian date of death:** (dd/mm/yyyy)**Preference for date of observance:** Hebrew / English**NOTIFICATION 5****First name:****Last name:****Relationship to member:****Gregorian date of death:** (dd/mm/yyyy)**Preference for date of observance:** Hebrew / English Please send me yahrzeit notification by post and not by email.

MEMBERSHIP SUBSCRIPTION RATES

Please see the Alyth Subscription Rates for further information about your membership rate category.

TERMS AND CONDITIONS

Data Protection:

Please see our website for our full Data Protection Policy.

Information that you have provided on this form will, on occasions, be shared with elected officials at the Synagogue, as well as those carrying out voluntary administrative roles, and the Joint Jewish Burial Society. Every person who receives such information is guided in the safe and appropriate way to use, store and dispose of it.

By becoming a member of the Synagogue you are agreeing to receive communication about the activities and services that it provides. Please log onto ShulCloud (the Synagogue database) and go to the "Subscriptions" page to set your preferences.

Please tick here to confirm that you understand our data protection policy.

Jewish Joint Burial Society:

As a member of the Synagogue you are automatically a member of the Jewish Joint Burial Society. Full cover for burial commences 6 months after the date of joining.

Reform Judaism:

As an affiliate of Reform Judaism we usually share your details (Name/Address/Email/Phone Number/DOB) so that they can inform you about their national events and activities.

Please tick here to confirm that we can share your data with Reform Judaism.

Photography:

We sometimes use photographs of Alyth events on our website, social network pages and in literature.

Please tick this box if you do not want your photo to appear on Alyth publicity.

Signature:

I/We (and our children) having a Jewish household apply for membership of Alyth.

If this application is approved, I/we agree to accept the rules of the Synagogue as set out in the Constitution.

Please note you may be required to provide documentation to support your Jewish status.

Signed:

Date:

OFFICE USE ONLY

Subscription Type:

Gift Aid form

Instalments:

Date:

Amount due on Joining:
