

Mr. Ghassan N. Cohen
Hon. President
Tel: 079 8938 7881
Email:
ghassancohen@gmail.com



קהל אהל דוד

OHEL DAVID EASTERN SYNAGOGUE
4-14 Broad Walk Lane, London NW11 8HD
Registered Charity Number 1166039
Telephone: 020 8455 3491
Rabbi Asher Sebbag

Mr. David Gigi
Treasurer

Mr. Adil Darwish
Hon. Gubbay



Confidential APPLICATION FOR MEMBERSHIP 2019-2020 (5780)

To the Committee of the Synagogue,

I/We hereby apply to become a member of the Synagogue in accordance with the terms of the Laws of the Congregation and the financial liability incurred by a member and any other that may be hereafter enacted. I promise to abide by them if accepted.

Yours faithfully

Date: / /

Signature: _____

Name in full (Surname first, block capitals)

Mr/Mrs/Miss* _____ DOB / /

Married/Single * _____

Hebrew Name: _____

Address: _____

Post Code: _____

E-mail: _____

Profession/Occupation: _____

Tel. No. H _____

W _____

* Please delete where applicable.

Marital Status

Name of Synagogue if married & date _____

Name of Wife: _____ DOB / /

Details of Sephardic Origin: _____

Parents Details

Father's Name & Hebrew Name: _____

Mother's Maiden Name & Hebrew Name: _____

Name of Synagogue where married & date: _____

Name of introducer to the Synagogue (or name of nearest relative who is a member of the Congregation): _____

Name of Children if wishing to join as members

Name of Child: Son/Daughter* _____ DOB / /

Name of Child: Son/Daughter* _____ DOB / /

Name of Child: Son/Daughter* _____ DOB / /

Name of Child: Son/Daughter* _____ DOB / /

Name of Child: Son/Daughter* _____ DOB / /

Name of Child: Son/Daughter* _____ DOB / /

* Please delete where applicable.

A COPY OF EACH APPLICANT'S PASSPORT OR OTHER PHOTO ID AND MARRIAGE CERTIFICATE (IF APPLICABLE) MUST BE SENT WITH THE APPLICATION.

PTO

This application may not be considered unless a cheque for the full amount is sent with it. Please note that new members will only be entitled to free use of the Synagogue facilities after three full years' membership.

Membership, once approved, will be renewed automatically each year, unless cancelled in writing.

The current (2017/18) charge for Membership and Burial Insurance are as follows:

Per person	No. of persons	Total
£ 235.00 Membership only (Single)		£
£ 425.00 Membership & Burial Scheme (Single)		£
£ 500.00 Family Membership only		£
£ 900.00 Family Membership & Burial Scheme		£
£ 5,000.00 Burial Scheme supplement for applicants aged over 50		£

SPANISH & PORTUGUESE JEWS' BURIAL SOCIETY RATES FOR BURIAL CHARGES AT EDGWAREBURY

1. **Single grave supplement/reserve charges**
 - a. For members who are in Synagogue Burial Scheme - £ TBA.
 - b. For members **NOT** in Synagogue Burial Scheme and **NON** members the charges are £ TBA.

2. In case of a double grave, removal and replacement of the previous stone of first burial, this must be paid by **EVERYONE** - £ TBA.

3. The Burial Scheme insists that full premiums are paid by 30th September. Failing to do so, members **WILL** be struck off the list.

4. All those who are not insured for burial will have to deal directly with the Spanish and Portuguese Jews Burial Society regarding payment of their burial charges.

5. **All those who are over 50 years of age must provide us with a Doctor's report detailing CURRENT state of health. Spanish & Portuguese may refuse an application if they are not satisfied with the application. If the applicant is accepted, there will be an initial payment of £5,000.00. Normal membership fee plus burial scheme premiums will be payable thereafter on an annual basis.**

6. The burial scheme covers **BASIC FUNERAL EXPENSES ONLY**, as levied by Spanish & Portuguese. Any other costs i.e. Burial plot, tombstone, etc. must be paid directly to Spanish & Portuguese by the member.

Our bank details are:

Bank Name: Lloyds Bank
 Branch: Park Lane
 Address: 84 Park Lane London W1Y 4BX
 Sort Code: 30-96-48
 Account No: 00402854

Ghassan Cohen H.P.