

## Solihull &amp; District Hebrew Congregation

Rav: Rabbi Y Pink

## Application for Membership

Date Name  Date of Birth Hebrew Name (in Phonetics) 

Address

Postcode  Tel Mobile No.  Email Date & Place of Parent's Marriage 

1) I desire to become a member of the Solihull & District Hebrew Congregation and I declare that :-

(a) I am a member of the  Congregation.

or

(b) Until  I was a member of the  Congregation.

2) If required I agree to meet a member of the Executive and afford him such further information in connection with this application as he may reasonably require.

3) I undertake to conform to the Laws for the time being in force of the Solihull & District Hebrew Congregation.

(Signature of Applicant)