

Solihull & District Hebrew Congregation

Rav: Rabbi Y Pink

Application for Membership

Date Name Date of Birth Hebrew Name (in Phonetics) Spouse's Name Date of Birth Spouse's Hebrew Name

Address

Postcode Tel Email Married At Date Children's Names Date of Birth Children's Names Date of Birth

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)