

sinaï

LIVING JUDAISM



Membership Application



Keep informed of events & activities via the Sinai Synagogue Community Facebook Group
Roman Avenue, Leeds, LS8 2AN | 0113 2665256 | info@sinaileeds.uk | www.sinaileeds.uk

Sinai Synagogue Membership Application

Objectives of the Charity

The objectives of Sinai Synagogue are to provide and maintain a place of public worship, and to further or advance the religious, educational and charitable objectives of the Jewish faith.

Benefits of Membership

A ticket for High Holyday services, burial insurance scheme membership (subject to age on joining), reduced charges for some events and educational activities, right to religious celebrations of personal/family lifecycle events, access to live video streaming of services and events, provision of the Sinai Chronicle magazine and participation in all our other religious events & activities. Please tick here to provide permission for Sinai to pass your personal details to the Burial Insurance Scheme ☐

Application to join the synagogue as member

Jewish applicants are eligible for full membership. You will need to pay the annual subscription as determined by the Sinai Synagogue Board.

Applicant 1 Signature

Applicant 2 Signature

Application to become a Sinai friend

Non-Jewish supporters of the synagogue are welcome to join as a friend. There is no subscription fee but donations are encouraged. For information about this limited membership category please email: info@sinaileeds.uk

Friend Signature

Friend Signature

Please tell us how you became aware of the Sinai Community and what influenced your decision to join.

APPLICANT 1

full/country/co-member or friend

Title	
Full name	
Preferred name	
Date of Birth	
Gender	
Previous/Current Synagogue (if applicable)	
Hebrew name (if applicable)	
Bar/Bat Mitzvah Date (if applicable)	
Your Address	
City	
Postcode	
Email address	
Phone number	
Mobile number	

APPLICANT 2

full/country/co-member or friend

Title	
Full name	
Preferred name	
Date of Birth	
Gender	
Previous/Current Synagogue (if applicable)	
Hebrew name (if applicable)	
Bar/Bat Mitzvah Date (if applicable)	
Your Address	
City	
Postcode	
Email address	
Phone number	
Mobile number	

Children

If you have more than two children, please list them on a separate sheet

Full name	
Preferred name	
Date of Birth	
Gender (optional)	
Hebrew name (if applicable)	
Bar/Bat Mitzvah Date (if applicable)	
Celebrated at which synagogue	

Full name	
Preferred name	
Date of Birth	
Gender (optional)	
Hebrew name (if applicable)	
Bar/Bat Mitzvah Date (if applicable)	
Celebrated at which synagogue	

Jewish Status (only relevant to full, country and co-membership applicants)

Reform Judaism (RJ) requires that a person becoming a member of any of its constituent or affiliated congregations must have full Jewish Status as defined by the *Beth Din* (religious authority).

To help us process your application, please send us a copy of one of the following documents for each applicant. If you don't have any of these, please tick the box marked 'No written records'.



No documents are required if your mother currently is, or was, a member of Sinai Synagogue

Applicant 1

- ☐ Your *Ketubah* (marriage document) or *Get* (divorce document)
- ☐ Your mother's *Ketubah* or *Get*
- ☐ A valid Conversion Certificate
- ☐ A letter from your former Rabbi confirming your Jewish status
- ☐ No written record
- ☐ Mother is / was a member of Sinai

Applicant 2

- ☐ Your *Ketubah* (marriage document) or *Get* (divorce document)
- ☐ Your mother's *Ketubah* or *Get*
- ☐ A valid Conversion Certificate
- ☐ A letter from your former Rabbi confirming your Jewish status
- ☐ No written record
- ☐ Mother is / was a member of Sinai

Yahrzeits

We remember the Hebrew or English anniversary of the death of our loved ones in a regular service. If you would like your loved ones to be remembered by the community, please list their details below.

Full name	<input type="text"/>
Date of Death Tell us if you would prefer notifications for the English date	<input type="text"/>
Hebrew name (if applicable)	<input type="text"/>
Relationship	<input type="text"/>

Full name	<input type="text"/>
Date of Death Tell us if you would prefer notifications for the English date	<input type="text"/>
Hebrew name (if applicable)	<input type="text"/>
Relationship	<input type="text"/>

Emergency contact

This emergency contact section is optional but providing this information will allow us to contact someone for you in the event of an emergency, such as sudden ill-health, death or concern for your welfare. In certain situations, we may need to pass on this contact information to the emergency services and to healthcare professionals.

Applicant 1

Full name

Relationship

Telephone

Email

Address

City

Postcode

Applicant 2

Full name

Relationship

Telephone

Email

Address

City

Postcode

Keeping in touch with you

We would like to keep in touch with you and send you information about the synagogue and the wider community. If you would like us to do so, please select the options below.

Applicant 1 Applicant 2

☐
☐

I have read the Sinai Synagogue Leeds Privacy Policy statement (see attached)
This is also available on the Sinai website: www.sinaileeds.uk/privacy

☐
☐

I wish to receive the weekly newsletter by email

☐
☐

I wish to receive notices of deaths within the wider Leeds Jewish community

☐
☐

I wish to know more about the '100 Club' - a fun and easy way to raise funds for Sinai



To keep informed of events and activities at Sinai please register for our website www.sinaileeds.uk/register and we'd love to see you on our [Sinai Synagogue Community Facebook Group](#).

Gift Aid (Form G)

If you pay income tax in the UK, please sign the gift aid declaration below. This will let us claim tax relief from HM Revenue & Customs (HMRC) for your subscription and any other donations you make.

For every £10 you give, we can claim a further £2.50 at no cost to you.

If you are a higher-rate taxpayer (you pay income tax at 40% or greater), you can claim tax relief on your subscription and donations through your self-assessment tax return. To make sure the cost of membership is fair for all members, we charge a higher rate to those able to claim this relief. This means that you will pay more for your membership but will be able to claim back the difference. It also means that we receive more money, which helps improve the services we provide to the community.

If you are making a joint application, only one member needs to be a higher-rate taxpayer for this to apply. All donations received will be treated as being from that individual.

Gift Aid Declaration

Applicant 1

I am a UK tax payer and would like Sinai Synagogue, Leeds to treat all donations and membership subscriptions made by me since 6th April 2000 and all those made thereafter, as Gift Aid donations. I understand that I must have paid an amount of income tax or capital gains tax at least equal to the tax you reclaim on my donations in the same tax year.

- ☐ I am a standard rate UK taxpayer
☐ I am a higher rate UK taxpayer
☐ I am not a UK taxpayer

Signature

Applicant 2

I am a UK tax payer and would like Sinai Synagogue, Leeds to treat all donations and membership subscriptions made by me since 6th April 2000 and all those made thereafter, as Gift Aid donations. I understand that I must have paid an amount of income tax or capital gains tax at least equal to the tax you reclaim on my donations in the same tax year.

- ☐ I am a standard rate UK taxpayer
☐ I am a higher rate UK taxpayer
☐ I am not a UK taxpayer

Signature



Please let us know if your tax status changes

Form M - Membership of Sinai Synagogue, Leeds,

A Company Limited by Guarantee, Number 8248096, Charity Number 1149738

This form is only relevant to full, country and co-membership applicants



In addition to the benefits of membership set out previously, becoming a member of Sinai Synagogue, Leeds (a Company Limited by Guarantee) provides invitations to, and one vote at, General Meetings

Agreement for Membership of Sinai Synagogue, Leeds (a Company Limited by Guarantee)

I hereby apply to become a member of the Charity, a Company Limited by Guarantee & agree to be bound by its Memorandum & Articles of Association and any rules made under these. I confirm that I support the Charity's aims and work. Should the Charity be wound up, I promise to pay the sum of up to £1 towards its debts, if asked to do so, and I understand that this liability will continue for one year after I cease to be a member of the Charity. I agree that the Charity may share information held about me with the Charity's staff and voluntary workers for the purposes of the internal administration of the Charity and the carrying out of its activities.

Applicant 1

Name

Signature

Applicant 2

Name

Signature

Membership is open to Jewish individuals as defined in Sinai Synagogue's Articles of Association which can be found on the Sinai website at www.sinaileeds.uk/about/sinai/articles-of-association

Applications for membership will be considered by the Charity's Board of Trustees. Membership is terminated if the member gives written notice of resignation, passes away, is removed from membership by resolution of the Trustees or ceases to comply with the conditions of membership. Membership is not transferable.

For office use only:

Date application sent out:
(DD/MM/YYYY)

Date application returned:
(DD/MM/YYYY)

Subscription arrangements:

Tick when complete:

- ☐ Form M section completed
- ☐ GDPR section completed
- ☐ Gift Aid section completed

Personal contact made by:

Date personal contact
made: (DD/MM/YYYY)

Notes:

Date of Board meeting
submission: (DD/MM/YYYY)

Completed form seen by
Cantor or Rabbi:
(DD/MM/YYYY)

Cantor or Rabbi's Signature