



**NEW  
NORTH  
LONDON**  
SYNAGOGUE

80 East End Road  
London N3 2SY

020 8346 8560

office@npls-masorti.org.uk  
[npls-masorti.org.uk](http://npls-masorti.org.uk)

Dear prospective NNLS member,

We are delighted that you have decided to apply for membership of the **New North London Synagogue**. We are a traditional and tolerant community and we do our best to make everyone welcome. We think of ourselves as an extended family in which everyone has a contribution to make. We hope that if you do become a member, you will find a **real Jewish home in our community** and play an active part in the life of our congregation.

To this end, we actively encourage everyone to make a contribution towards our Jewish communal and spiritual life. We recognise that we couldn't function without the generosity of **hundreds of members who give regularly of their time**, energy, skills and spirit. We hope that if you join, you will share with us in the creation of a vibrant and inspiring Jewish life.

We have enclosed the following further documents:-

- Application form- please take care to complete this as fully as possible
- Synagogue Charges information, and a Direct Debit mandate which must be completed and returned with your application form in order for your application to be processed. There is also a Gift Aid form for you to complete if appropriate.
- The Burial Scheme Application form - NNLS is part of the Western Charitable Foundation burial scheme whose grounds are at Cheshunt. If you wish to join this scheme, please complete the enclosed form. Please note, the Burial Scheme charges are not included in the NNLS membership fees.

**Your application will go to the Synagogue Management Committee when your completed application form, Direct Debit mandate (and Gift Aid form if appropriate) are returned to the office.** When you are formally welcomed as a **full member**, you will be sent information about our activities and placed on our mailing list. In the meantime, **you are most welcome to attend activities and services**, except over the High Holidays when guest tickets would be required. If you have any queries regarding the membership procedure, please contact the Synagogue office.

We thank you for considering New North London as your community and look forward to meeting you in person.

Yours sincerely,

**Richard Gold**

**Paul Harris**

# WELCOME TO NEW NORTH LONDON SYNAGOGUE



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## MEMBERSHIP INFORMATION

PLEASE COMPLETE IN BLOCK CAPITALS

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	APPLICANT 1	APPLICANT 2
TITLE		
FIRST NAME		
SURNAME		
PREVIOUS SURNAME		
MARITAL STATUS		
DATE OF BIRTH		
HOME ADDRESS		
EMAIL		
HOME PHONE		
WORK PHONE		
MOBILE PHONE		
OCCUPATION		
HEBREW NAME <i>(Please write in English)</i>	ben / bat	ben / bat
PLEASE STATE IF YOU ARE EITHER COHEN OR LEVI		
BAR /BAT MITZVAH SEDRA		

# PLEASE COMPLETE – MORE INFORMATION

## 1. Please explain what motivated you to join our Synagogue

It is our intention to create a personal link between new members and established members wherever possible.

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## 2. Please list here any FAMILY and FRIENDS that are already members of NNLS

FAMILY: .....

.....

FRIENDS: .....

.....

## CHILDREN

PLEASE COMPLETE IN BLOCK CAPITALS

	CHILD 1	CHILD 2	CHILD 3
FIRST NAME			
SURNAME			
MALE / FEMALE			
HEBREW NAME (Please write in English)	<i>ben / bat</i>	<i>ben / bat</i>	<i>ben / bat</i>
PLEASE STATE IF EITHER COHEN OR LEVI			
ENGLISH DATE OF BIRTH			
SCHOOL			
SCHOOL YEAR			
JEWISH EDUCATION TO DATE			

# Yahrzeits

PLEASE COMPLETE IN BLOCK CAPITALS

The following information regarding departed parents, children, brothers and sisters will be used to remind you of when prayers should be said. If you are unaware of the Hebrew date of Yahrzeit, we can work this out for you. It is also possible for us to arrange for prayers to be said on your behalf if required.

<b>NAME OF MOURNER</b>	
<b>RELATIONSHIP OF DECEASED</b>	
<b>FULL ENGLISH NAME OF DECEASED</b>	
<b>HEBREW NAME OF DECEASED</b> <i>(in English transliteration)</i>	<i>ben / bat</i>
<b>PLEASE STATE IF THE DECEASED IS EITHER COHEN OR LEVI</b>	
<b>ENGLISH DATE OF DEATH</b> <i>(if death was during the afternoon, please also include the time to confirm the Hebrew date)</i>	
<b>HEBREW DATE OF DEATH</b>	

<b>NAME OF MOURNER</b>	
<b>RELATIONSHIP OF DECEASED</b>	
<b>FULL ENGLISH NAME OF DECEASED</b>	
<b>HEBREW NAME OF DECEASED</b> <i>(in English transliteration)</i>	<i>ben / bat</i>
<b>PLEASE STATE IF THE DECEASED IS EITHER COHEN OR LEVI</b>	
<b>ENGLISH DATE OF DEATH</b> <i>(if death was during the afternoon, please also include the time to confirm the Hebrew date)</i>	
<b>HEBREW DATE OF DEATH</b>	

<b>NAME OF MOURNER</b>	
<b>RELATIONSHIP OF DECEASED</b>	
<b>FULL ENGLISH NAME OF DECEASED</b>	
<b>HEBREW NAME OF DECEASED</b> <i>(in English transliteration)</i>	<i>ben / bat</i>
<b>PLEASE STATE IF THE DECEASED IS EITHER COHEN OR LEVI</b>	
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<b>HEBREW DATE OF DEATH</b>	

# INTERESTS AND ACTIVITIES

There are a large number of activities in our Synagogue – religious, cultural, social, communal and more. Each is important in its own way and they offer opportunities to feel part of the community.

Please indicate which activities would interest you.

	APPLICANT 1	APPLICANT 2
SERVICES		
Reading from the Torah		
Reading from the Haftarah		
Leading Children's Services		

CHILDREN		
Helping/Teaching at Cheder (Primary)		
Helping/Teaching at HaDerech (Secondary)		

COMMUNITY ACTIVITIES		
Trekies (walking club)		
Book Club		
Choir		

VOLUNTEERING		
Supporting events (e.g. catering/help on the door)		
Event planning		
Help with monthly mailings		
Help with office administration		
Social Action projects		
Fund Raising		

Please advise of any experience you already have in relation to any of the above

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# RESTRICTED INFORMATION

PLEASE COMPLETE IN BLOCK CAPITALS

*If you would like these details to be seen solely by the Rabbi, please detach this section and place in a sealed envelope addressed to the Rabbi. If there is anything of a confidential nature you would like to discuss with him personally you are welcome to do so.*

	APPLICANT 1	APPLICANT 2
NAME		
ARE YOU JEWISH BY BIRTH? YES/NO		
ARE YOUR PARENTS JEWISH BY BIRTH? YES/NO		
ARE YOUR CHILDREN JEWISH BY BIRTH? YES/NO		
DID YOU/YOUR PARENTS OR YOUR CHILDREN CONVERT?		
IF SO, WHEN AND WHERE?		
DATE AND PLACE OF OWN MARRIAGE		
CURRENT/PREVIOUS SYNAGOGUE (IF ANY)		

## COMMUNITY ROTAS

### SECURITY

We take our members' security very seriously at NNLS. In order to meet security needs, we ask ALL able members to participate in our volunteer security rotas for Shabbat and Yom Tov.

Please tick here if you do not agree for our Security Coordinators to approach you for the rota

Please tick here if you hold a current CST card

### OTHER ROTAS – MIDWEEK SHACHARIT AND KIDDUSH

We also heavily rely on goodwill of our members to help us make up our mid-week Shacharit prayer minyans and to assist with Kiddush prep and clear up on Shabbat.

Please tick here if you are UNABLE to participate in:

a) Our Midweek Shacharit rota (Mon/Tue/Thur)

b) Our Sunday Shacharit rota

c) Our Kiddush rota

You will be approached for each of the above Community Rotas a maximum of 2-3 times per year.

## MASORTI JUDAISM

Masorti Judaism is the umbrella organisation which provides services that one synagogue alone cannot offer. These include our youth movement (NOAM), a Rabbinic Court (or Beit Din) and outreach activities. You can find out more here: [www.masorti.org.uk](http://www.masorti.org.uk) We propose making your contact details available to Masorti Judaism. They will **not** be passed on to any other organisation.

PLEASE TICK THIS BOX TO CONFIRM: I am happy for you to make my details available to Masorti Judaism

## PRIVACY POLICY

You can find a copy of our Privacy Policy here: <http://bit.ly/2IPF8uT>

## BURIAL SCHEME

I wish to join the NNLS Burial Scheme operated by the Western Charitable Foundation YES  NO

If YES, I have enclosed the completed Burial Scheme form and any entrance fee cheque required  Tick if applicable

I/We confirm that the information provided within this form is true to the best of my/our knowledge and belief.

Signed (by first applicant) ..... Date .....

Signed (by second applicant) ..... Date .....



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# NNLS BURIAL SCHEME APPLICATION

OPERATED BY THE WESTERN CHARITABLE FOUNDATION

NAME ..... DATE OF BIRTH .....

NAME OF SPOUSE ..... DATE OF BIRTH .....

ADDRESS .....

.....

.....

SONS Under the age of 21		Date of Birth	DAUGHTERS Under the age of 21		Date of Birth

There is an added one-off entrance fee for any person who has reached 39 years of age or over. Please see overleaf for charges. Cheques should be made payable to the **Western Charitable Foundation** and returned with this application form

**Burial Scheme annual subscription:** An £82 charge per person will be added to your NNLS membership bill and £41 per person for 21-30 year olds.



AGE	RATE PER PERSON	AGE	RATE PER PERSON
39	£100	65	£1,600
40	£125	66	£1,700
41	£150	67	£1,800
42	£175	68	£1,900
43	£200	69	£2,000
44	£225	70	£2,300
45	£250	71	£2,600
46	£275	72	£2,900
47	£300	73	£3,200
48	£325	74	£3,500
49	£350	75	£3,800
50	£375	76	£4,100
51	£400	77	£4,400
52	£425	78	£4,700
53	£450	79	£5,000
54	£500	80	£5,300
55	£600	81	£5,600
56	£700	82	£5,900
57	£800	83	£6,200
58	£900	84	£6,500
59	£1,000	85	£6,800
60	£1,100	86	£7,100
61	£1,200	87	£7,400
62	£1,300	88	£7,700
63	£1,400	89	£8,000
64	£1,500	90+	By prepaid funeral only (currently £11,000)

**Burial entitlement becomes effective after six months membership and only continues whilst membership contributions are paid regularly.**



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# SYNAGOGUE CHARGES

NOVEMBER 2017 – OCTOBER 2018

Membership Type	Annual Subscription	Direct Debit *** (monthly equivalent)
Family membership	£1158	£96.50
Family membership with Gift Aid	£1010	£84.17
Single membership	£579	£48.25
Single membership with Gift Aid	£505	£42.09
Associate membership single*	£252	£21.00
Associate membership single with Gift Aid*	£218	£18.17
Associate membership family*	£504	£42.00
Associate membership family with Gift Aid*	£436	£36.34
21 – 25 year old membership	£134	£11.17
26 – 30 year old membership (single)	£249	£20.75
26 – 30 year old membership (single) with Gift Aid	£219	£18.25
Family membership (under 30)	£498	£41.50
Family membership (under 30) with Gift Aid	£438	£36.50
Cheder (1st child)	£381	£31.75
Additional children (each)	£331	£27.59
Haderech	£198	£16.50
Burial fees (per person)**	£82	£6.84
Burial fees for 21 – 30 year olds	£41	£3.42
Locker	£50	£4.17

\* Associate membership is only open to existing members who move away and wish to retain their membership

\*\* Burial Scheme charges are not included in the NLS membership fees

\*\*\* Monthly rate may vary slightly when setting up a new mandate

It is the ethos of the Synagogue that no one should be excluded on financial grounds. When applying for membership, please advise us if the above subscription rates exceed what you are able to pay.





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# GIFT AID DECLARATION

TO: NEW NORTH LONDON SYNAGOGUE (NNLS)

<p>NAME PLEASE PRINT - IMPORTANT <i>This must be one person (not joint names) who is a UK taxpayer</i></p>	
<p>ADDRESS</p>	
<p>POSTCODE</p>	
<p>TELEPHONE NO.</p>	
<p>EMAIL</p>	

Please treat all gifts of money that I have made in the past 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

SIGNED: .....  
*(must be signed by the one taxpayer named above)*

DATE: .....

**Please notify NNLS if you:**

1. want to cancel this declaration
2. change your name or home address, or
3. no longer pay sufficient tax on your income and/or capital gain.

**If you pay Income Tax at the higher or additional rate** and you want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.