



OD YOSEF HAI

ותחזינה עינינו בשובך לציון ברחמים

APPLICATION FOR MEMBERSHIP

Thank you for deciding to join the Levy Kelaty Synagogue and Od Yosef Hai Community. Please complete this application form, send it back; and it will be processed within 28 days. *(This may take a little longer if additional documents are required)*. Please print clearly in capitals with a black or blue ballpoint pen.

Personal Details

Main Applicant

Title: _____ Forename(s): _____

Surname: _____ Previous name (Maiden name): _____

Hebrew name: _____

Are you a: Cohen / Levi / Yisrael (please select) Date of Birth: _____

Gender: Male / Female Mobile no.: _____

Work no.: _____

Email address: _____

Applicant's Spouse

Title: _____ Forename(s): _____

Surname: _____ Previous name (Maiden name): _____

Hebrew name: _____

Are you a: Cohen / Levi / Yisrael (please select) Date of Birth: _____

Gender: Male / Female Mobile no.: _____

Work no.: _____

Email address: _____

Contact Details

Address Line 1: _____

Address Line 2: _____

Town: _____

Post code: _____

Home Tel: _____

For Office Use Only:

Date of membership to commence: _____

Reference: _____

Status Check

Membership is open to any Jew. To become a member of the Levy Kelaty Synagogue and Od Yosef Hai Community, the applicants' Jewish Status must be confirmed with documentation. The following section is to verify your status. *(Additional documentation may be requested).*

IF SINGLE:

Father's forename: _____ Father's surname: _____

Mother's forename: _____ Mother's Maiden name: _____

Date of parents marriage: _____

Full name of Synagogue that your parents were married: _____

Location of Synagogue (City and Country): _____

Are you adopted: Y / N Are you a convert: Y / N *(If yes, please enclose documentation of conversion)*

Are your parents currently members of another Synagogue: _____

If yes, please state which one: _____

Additional documentation is required if your parents:

Married in Israel: Please enclose a copy of their **Te'udat Nisu'in** (*Israeli Marriage Certificate*) and your unabridged birth certificate.

Married Overseas (other than Israel): Please enclose a copy of their **Ketubah** and your unabridged birth certificate.

Married in a non-orthodox or Civil Ceremony: Please enclose a copy of your mother's parents' **Ketubah** and her unabridged birth certificate, her marriage certificate and your unabridged birth certificate.

IF MARRIED:

Date of marriage: _____

Full name of Synagogue: _____

Location of Synagogue (City and Country): _____

Additional documentation is required for the following:

Married in Israel: Please enclose a copy of your **Te'udat Nisu'in** (*Israeli Marriage Certificate*).

Married Overseas (other than Israel): Please enclose a copy of your **Ketubah**.

Married in a non-orthodox or Civil Ceremony: Please enclose a copy of the **Ketubah** of your respective parents, a copy of your civil marriage and your unabridged birth certificates.

IF DIVORCED:

Full name of previous spouse: _____

Date of marriage: _____

Full name of Synagogue: _____

Location of Synagogue (City and Country): _____

Do you have a Get: Y / N Date of Get: _____

Beth Din who gave the Get and Reference number: _____

IF WIDOW/WIDOWER:

Full name of deceased spouse: _____

Date of death: _____ Date of marriage: _____

Full name of Synagogue that your parents were married: _____

Location of Synagogue (City and Country): _____

Additional documentation is required for the following:

Married in Israel: Please enclose a copy of your **Te'udat Nisu'in** (*Israeli marriage certificate*).

Married Overseas (other than Israel): Please enclose a copy of your **Ketubah**.

Married in a non-orthodox or Civil Ceremony: Please enclose a copy of your parents' **Ketubah** and your unabridged birth certificate.

Children's Details

Please provide details of your children and copies of their full birth certificates of those who are under 21 or live at the same address as this application. *(If any of your children are adopted and / or converted we will need to refer the application to the London Sephardi Beth Din, please supply all available supporting documentation).*

Forename(s): _____

Surname: _____

Hebrew name: _____

Date of Birth: _____

Gender: Male / Female

Is this child adopted: Y / N Is this child converted: Y / N

Email address: _____

Forename(s): _____

Surname: _____

Hebrew name: _____

Date of Birth: _____

Gender: Male / Female

Is this child adopted: Y / N Is this child converted: Y / N

Email address: _____

Forename(s): _____

Surname: _____

Hebrew name: _____

Date of Birth: _____

Gender: Male / Female

Is this child adopted: Y / N Is this child converted: Y / N

Email address: _____

Forename(s): _____

Surname: _____

Hebrew name: _____

Date of Birth: _____

Gender: Male / Female

Is this child adopted: Y / N Is this child converted: Y / N

Email address: _____

Yahrzeits

The Yahrzeit is the Hebrew anniversary of a relative's death. By providing this information Od Yosef Hai will be able to send you a yearly letter to state the English date it corresponds to.

Main Applicant

Forename of deceased: _____ Surname of deceased: _____

Hebrew name: _____

Relationship to member: _____

Date deceased (Hebrew or English, please provide the year): _____

Time of death: _____ (am/pm)

Forename of deceased: _____ Surname of deceased: _____

Hebrew name: _____

Relationship to member: _____

Date deceased (Hebrew or English, please provide the year): _____

Time of death: _____ (am/pm)

Forename of deceased: _____ Surname of deceased: _____

Hebrew name: _____

Relationship to member: _____

Date deceased (Hebrew or English, please provide the year): _____

Time of death: _____ (am/pm)

Applicant's Spouse

Forename of deceased: _____ Surname of deceased: _____

Hebrew name: _____

Relationship to member: _____

Date deceased (Hebrew or English, please provide the year): _____

Time of death: _____ (am/pm)

Forename of deceased: _____ Surname of deceased: _____

Hebrew name: _____

Relationship to member: _____

Date deceased (Hebrew or English, please provide the year): _____

Time of death: _____ (am/pm)

Forename of deceased: _____ Surname of deceased: _____

Hebrew name: _____

Relationship to member: _____

Date deceased (Hebrew or English, please provide the year): _____

Time of death: _____ (am/pm)

Important Information

- Membership of the Levy Kelaty Synagogue and Od Yosef Hai Community costs:
 - £500 for Family membership
 - £250 for Single Adult membership
- Membership of the Levy Kelaty Synagogue and Od Yosef Hai Community entitles you to a considerable discount for burial expenses. The Spanish and Portuguese Burial Society have agreed that funeral and burial charges for **FULLY PAID** Od Yosef Hai Community members will receive this special discount. This applies to:
 - Those members joining before their 70th birthday,
 - As well as those who are not members of the Burial Insurance Scheme.
- The Burial Insurance Scheme's annual fees are £120.00 per adult and £30.00 per child. This scheme is only available to **FULLY PAID** members of the Levy Kelaty Synagogue and Od Yosef Hai Community. Upon receipt of a claim the Insurance Company pays £2,000 towards the funeral and burial expenses. *(Please be aware that since these are third party costs, they are subject to change).*
- For more information to be sent out to you about the Spanish and Portuguese Burial Scheme as well as the Burial Insurance Scheme please tick the box.

I/We declare that the details on this form are correct and I/we have understood the information above.

Signature:

Signature:

Date:

Date:

Address:

Od Yosef Hai
50 Finchley Lane
Hendon
London, NW4 1DJ
Tel: 020 8203 5701

Website:

www.odyosefhai.com
Membership Enquiries & Support:
membership@odyosefhai.com
Registered Charity No:
288429

Bank Details:

Od Yosef Hai Yeshivah
HSBC Bank
Account no: 41325779
Sort code: 40-03-26

Gift Aid Declaration Form

For past, present and future donations

Please treat as Gift Aid donations all qualifying gifts of money made:

Today In the past 4 years In the future

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Donor's Details

Title: _____ Forename(s): _____

Surname: _____ Mobile number: _____

Address Line 1: _____

Address Line 2: _____

Town: _____

Post code: _____

Email Address: _____

Date: _____

Signature: _____

Please notify the Od Yosef Hai Office if you:

- *Want to cancel this declaration*
- *Change your name or home address*
- *No longer pay sufficient tax on your income and/or capital gains.*
- *If you pay Income Tax at the higher or additional rate and 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.*

Notes

1. If your declaration covers donations you may make in the future:
 - Please notify the charity if you change your name or address while the declaration is still in force.
 - You can cancel the declaration at any time by notifying the charity – it will then not apply to donations you make on or after the cancellation or such later date as you specify.
2. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 25p for each £1.00 you give).
3. If in the future your circumstances change and you no longer pay tax on your Income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration (see Note 1).
4. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment Tax Return.
5. If you are unsure whether your donations qualify for Gift Aid Tax Relief, ask the charity, or your local Tax Office for Leaflet R113 Gift Aid.

Extra Notes:

For your convenience there is extra space available to add any further information that you would like to bring to our attention: *(For example: other children or further Yahrzeit information).*

Thank you for taking the time to fill in the form. One of the main goals of the Levy Kelaty Synagogue and Od Yosef Hai Community is to provide our members with a welcoming and enthusiastic service. By sending us the completed information pack, we will be better equipped to achieve this.

Checklist:

Application Form filled in and signed:

Gift Aid Declaration signed:

Cheque / Charity voucher enclosed:

Standing Order enclosed:

If payment is being electronically transferred please include the reference number: _____



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