



Ohel Avraham

Membership application form

	Surname	Forename	Date of birth	Hebrew name , including both parents' name if possible (please use English characters)
Member				
Member				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

(Please feel free to use the back of this form or an extra sheet to supply any information that you cannot fit into the standard spaces)

Is your family Cohen, Levi or Yisrael?

Postal address (including full post-code please):

.....

Home telephone number.....

Mobile telephone number.....

Work telephone number.....

Email address.....

Our community only functions because all its members are willing to lend a hand in filling various community roles. Therefore, we will assume that you are happy to help set out and clear away Kiddush occasionally and to do security duty during Rosh Hashana or Yom Kippur. If you **do not** want to share in either role, please tick the boxes.

I **do not** want to be on the kiddush rota....

I **do not** want to be on the security rota....

We would also appreciate any help you can give with the following.
Please tick if you **do want** to be involved in:

Giving shiurim (men or women)

Leyning (men at the main service, women at a women's service)....

Leading any service

Tick this box to receive information and an application form for the burial society, which is affiliated to the Union of Orthodox Hebrew Congregations. ..

Please describe any special needs you wish us to consider
(such as an allergy or a disability)

Our standard membership fees for 2008/09 are:

Family £290,

Single person (including single parent) £160

Student £80

Unwaged £80

Payment can be made by cheque, standing order, charity-voucher or direct transfer. If you are a taxpayer, we appreciate it if you can fill in a very short form to allow us to claim Gift Aid on your payment. The form is below.

We offer concessions for those who are financially stressed. For details, please contact a committee member, or ring Ruth Posner, the membership officer, at membership@ohelavraham.org.uk.

Thank-you for taking the time to fill in this form. Please send completed forms together with your payment to:

Ohel Avraham

PO Box 48502

London

NW4 2XA

Gift Aid Declaration

I confirm that I am a UK taxpayer and that I would like Ohel Avraham to treat

**all donations that I make from the date of this declaration until I notify you otherwise.*

Or

**all donations that I have made since 5th November 2004, and all donations I make from the date of this declaration until I notify you otherwise,*

as Gift Aid donations.

Name in full.....

.....

Home address.....

.....

.....

.....

Tel: Day.....Evening.....

Signature.....

1. You can cancel this declaration at any time by notifying Ohel Avraham in writing.

2. In order to allow us to claim "Gift Aid" on your donations, you must pay an amount of income tax and/or capital gains tax at least equal to the tax that Ohel Avraham reclaims on your donation in the tax year.

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 Ohel Avraham 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 the self-assessment tax return.

5. Please notify Ohel Avraham if you change your name or address.

NB: ANY PAYMENT FROM WHICH YOU DERIVE A PERSONAL BENEFIT DOES NOT CONSTITUTE A DONATION