

Cambridge Traditional Jewish Congregation

	First Applicant	Second Applicant
Name		
Address		
Telephone		
Date of Birth		
Hebrew Name		
Email		

Married at (or if unmarried, parents married at):

Synagogue or location:

Date:

Previous Synagogue Membership

1)

2)

Are there any dates on which you would particularly like a Minyan?

I am a Cohen / Levi / Yisroel (delete as appropriate)

Ability to lead davening:

Leining ability:

I wish to become a member of the Congregation and agree to be bound by its Bye-Laws and any subsequent modification or amendment thereof. I declare that the above particulars are correct, and that in the event of any question in regard to personal status in Jewish law, or general Halachic questions, the decision of the Chief Rabbi of the Hebrew Congregation of the British Commonwealth of Nations shall be final.