**Comunidad Israelita de Alicante**

**BENIDORM SYNAGOGUE**

**Website:** [**www.comisral.com**](http://www.comisral.com)

 **Serving the Jewish Community on the Costa Blanca**

Please send the completed form to the address shown below.

Por favour, retornar este formulario a la signiente.

Membership Application Form/Formulario para Neuvos Miembros.

(Please complete ALL SECTIONS in CAPITALS (Por favor, usa MAYUSCULOS). Applications will not be considered unless ALL sections are completed.

First Name(s)/(Nombre/s) ..........................................................................

Surname/(Apellido) ..........................................................................

Date of Birth/(Fecha de nacimiento) ..........................................................................

Hebrew Name(s)/(Nombres(s) Hebreo(s)) ...............................Ben/Bat..............................

Second name for Family Membership/(Nombre de Companero para la membresía familiar)/or Next of Kin if single membership/(o Proximo Kin si membresía única)

First Name(s)/(Nombre/s) ..........................................................................

Surname/(Apellido) ..........................................................................

Date of Birth/(Fecha de nacimiento) ..........................................................................

Hebrew Name(s)/(Nombres(s) Hebreo(s)) ...............................Ben/Bat..............................

Spanish Address/(Direccion) ..........................................................................

 ..........................................................................

Post Code/(Codigo postal) ..........................................................................

Telephone Number/(Telefono) ..........................................................................

Mobile Number/(Movil) ..........................................................................

Email Address ..........................................................................

(Dirección de correo electronic)

**Alternative Address ......................................................................**

**(Dirección Alternativa)**

 **......................................................................**

**Post Code and Country ......................................................................**

**(Codigo postal y pais)**

**Telephone Number/(Telefono) ......................................................................**

I wish to apply for membership of the Comunidad Israelita de Alicanteand understand that the fees are:

**Family Membership: 250 euros:**

**Individual Membership (or Country Membership if your main residence is not in Spain): 150 euros**

(Solicito el ingreso como miembro en la Comunidad Israelita de Alicante y entiendo que las cuotas de membresía serán:

**Subscripcion de Familiar: 250 euros:**

**Individuales: 150 euros.)**

*(Note: Annual subscriptions are renewable on 1st January each year)/(Nota: El abono estas renovable de 1 Enero cada ano).*

Once your application has been accepted you will be sent details of how to arrange payment of membership fees. *(Una vez que se haya aceptado su solicitud, se le enviarán detalles sobre cómo organizar el pago de las cuotas de membresía).*

***Acceptance of your application will depend upon production of certain documents and information to establish authentication of your Jewish background. (Aceptacion de su aplicacion puedo depender de la produccion de ciertos documentos y informacion).***

**Signature/(Firma) ....................................................... Date/(Fecha) ...............................**

**Please return this form to/(Por favour retornar este formulario a)**

**Sonia Kleyman, Hon Secretary**

**Personal Postal Care 176**

**Ctra Cabo La Nao (Pla) 116 Loc 4**

**03730 Javea**

**Alicante, Spain**

This information will NOT be disclosed to third parties and will be used only by the Comunidad for administration purposes.