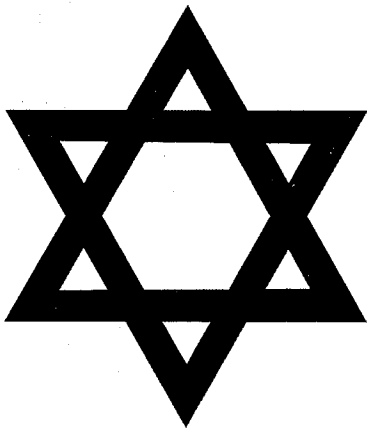


Beth Sholom SYNAGOGUE

MEMBERSHIP APPLICATION



*Serving Our Present
Honouring Our Past
Ensuring Our Future*

BETH SHOLOM SYNAGOGUE
1445 Eglinton Ave. W., Toronto, Ontario M6C 2E6
Tel: 416.783.6103 Fax: 416.783-9923
www.bethsholom.net

Family Name:			
Address:	City:	Province:	Postal Code:
Home Phone:		Home Fax:	
Cell Number Member:		Cell Number Spouse:	
Family Email:		Preferred Email: <input type="checkbox"/> Family <input type="checkbox"/> Member <input type="checkbox"/> Spouse	

MEMBER

SPOUSE

First Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		First Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
Last Name:		Last Name:	
Birthdate: (M/D/Y)		Birthdate: (M/D/Y)	
Jewish by: <input type="checkbox"/> Birth <input type="checkbox"/> Conversion (Please submit copy of conversion papers)		Jewish by: <input type="checkbox"/> Birth <input type="checkbox"/> Conversion (Please submit copy of conversion papers)	
Hebrew Name: (Please transliterate)		Hebrew Name: (Please transliterate)	
Father's Full Name: English	Hebrew	Father's Full Name: English	Hebrew
Mother's Full Name: English	Hebrew	Mother's Full Name: English	Hebrew
Please indicate tribe: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel		Please indicate tribe: <input type="checkbox"/> Kohen <input type="checkbox"/> Levi <input type="checkbox"/> Yisroel	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married-Date of Marriage: (M/D/Y) If either applicant was previously divorced a copy of the Get is required.			

Did you attend Hebrew: <input type="checkbox"/> Day School <input type="checkbox"/> Supplementary School <input type="checkbox"/> High School	Did you attend Hebrew: <input type="checkbox"/> Day School <input type="checkbox"/> Supplementary School <input type="checkbox"/> High School
Bar Mitzvah: Date and Parsha if known: (optional)	Bat Mitzvah: Date and Parsha if known: (optional)
Hebrew Reading Skills (Scale of 0 - 5. 5 being excellent) (optional) Torah Reading: ___Haftarah___Hazzan Skills___Judaic Skills___	Hebrew Reading Skills (Scale of 0 - 5. 5 being excellent) (optional) Torah Reading: ___Haftarah___Hazzan Skills___Judaic Skills___
Other Skills and special areas of interest in synagogue life:	Other Skills and special areas of interest in synagogue life:

Occupation:		Occupation:	
Business Name:		Business Name:	
Business Address:		Business Address:	
Business Phone:	Business Fax:	Business Phone:	Business Fax:
Email Address:		Email Address:	

CHILDREN (Under Age 25) - Please indicate whether children are Jewish by birth (mother is Jewish) or conversion.

Last Name:	First:	Middle:	M/F	Hebrew Name:	Birthdate M/D/Y	Current School:	Jewish by:
							<input type="checkbox"/> Birth <input type="checkbox"/> Conversion
							<input type="checkbox"/> Birth <input type="checkbox"/> Conversion
							<input type="checkbox"/> Birth <input type="checkbox"/> Conversion
							<input type="checkbox"/> Birth <input type="checkbox"/> Conversion

CHILDREN (25 and Older) - For Record Only

Name:	Birthdate: (M/D/Y)	Name:	Birthdate: (M/D/Y)
Name:	Birthdate: (M/D/Y)	Name:	Birthdate: (M/D/Y)

Emergency Contact:	Address:	Phone:	Relationship:
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Yahrzeit INFORMATION: Do you wish to be notified of Yahrzeit dates? No Yes

English Name:	Hebrew Name: (include Father's Hebrew name)	Date of Passing (M/D/Y): (English Calendar; before/after sundown?)	Relationship:

How long have you lived in Toronto?	How did you hear about Beth Sholom?
Who referred you to Beth Sholom?	What motivated you to join Beth Sholom?
Are you currently a member of another synagogue? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you or any member of your family been affiliated with Beth Sholom in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Please list names and relationships to current members.	
Name:	Relationship:
Name:	Relationship:
Does any member of your family have disabilities or special needs where we would be of assistance?	

I hereby apply for membership in Beth Sholom Synagogue and if accepted will abide by the Constitution and By-Laws of the Congregation. As a condition of such membership, I have agreed to pay the Congregation \$ _____ as a Building Fund Pledge, payable in installments together with annual contribution as follows:

\$	Terms of Pledge:
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Dated this _____ day of _____ in the City of _____ in Province of _____

Signature of Applicant

Number of High Holy Day seats required?	Preferred Location: <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Assembly Hall
We would like to be on the waiting list for the Main Sanctuary <input type="checkbox"/>	

PRIVACY POLICY

BETH SHOLOM SYNAGOGUE recognizes the importance of privacy and the sensitivity of personal information. We take seriously our obligation to keep this information confidential and we protect it with physical, electronic and procedural safeguards. In order to comply with applicable privacy legislation and to instill confidence in our members and potential members that the personal information they entrust to us is safe, we have developed a Privacy Policy.

The complete Privacy Policy is published in its entirety on our web-site www.bethsholom.net or may be made available to you upon request by contacting the synagogue office. By submitting this application, you acknowledge that you have read and understand our privacy policy and you agree to the terms set out in it.

FOR OFFICE USE

Membership Category:	ID Number:
Membership Contribution \$	Membership Chairman Approval:
Terms: Building Fund Pledge: \$	

	AMOUNT:	ENTRY:
Membership Contribution:		
Seats:		
Voluntary Fund:		
Building Fund:		