



Date: _____

MEMBERSHIP APPLICATION

We hereby apply for membership in Beth Zion, Cote St. St. Luc, Quebec. If accepted, we agree to abide by and conform to its Constitution and by-laws now existing or which may be enacted from time to time. We undertake to make payment in accordance with the present regulations or those which may be adopted in the future.

PLEASE CIRCLE WHERE APPROPRIATE

ADULT MALE

ADULT FEMALE

Title :	Dr . Mr.	Title:	Dr. Mrs. Ms.
First Name & Middle Name		First Name & Middle Name	
Last Name		Maiden Name	
Date of Birth MM/DD/YY		Date of Birth MM/DD/YY	
Hebrew Name		Hebrew Name	
Father's Hebrew Name		Father's Hebrew Name	
Mother's Hebrew Name		Mother's Hebrew Name	
Tribe of Applicant	Kohen Levi Israel	Father's Tribe	Kohen Levi Israel

Please indicate your Marital Status

Married	Single	Divorced	Separated	Widowed
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If Married, Wedding Date (MM/DD/YY) _____

Name of Rabbi who performed marriage ceremony: _____

Of Congregation: _____ City: _____

No. Street Apt. City Province Postal Code

Home Address: _____

Home Telephone: () _____

Fax: () _____

(Adult Male) Cell		(Adult Female) Cell	
(Adult Male) E-Mail		(Adult Female) E-Mail	

ADULT MALE

ADULT FEMALE

Employment Status	Employed Retired	Employment Status	Employed Retired
Business Name		Business Name	
Job Title		Job Title	
Business address		Business address	
Business Telephone		Business Telephone	
Fax		Fax	
E-Mail		E-Mail	

CHILDREN INFORMATION

<p>Child 1 (Male or Female) Name (first/middle)_____</p> <p>Hebrew Name:_____</p> <p>Last name (if different from yours)_____</p> <p>Home telephone: (if different from yours)_____</p> <p>Date of birth (MM/DD/YY) _____</p> <p>Bar/Bat Mitzvah? YES NO</p> <p>If yes, when? (MM/DD/YY) _____</p> <p>Is he/she in school? YES NO</p> <p>If yes, please specify _____</p>	<p>Child 2 (Male or Female) Name (first/middle)_____</p> <p>Hebrew Name:_____</p> <p>Last name (if different from yours)_____</p> <p>Home telephone: (if different from yours)_____</p> <p>Date of birth (MM/DD/YY) _____</p> <p>Bar/Bat Mitzvah? YES NO</p> <p>If yes, when? (MM/DD/YY) _____</p> <p>Is he/she in school? YES NO</p> <p>If yes, please specify _____</p>
<p>Child 3 (Male or Female) Name (first/middle)_____</p> <p>Hebrew Name:_____</p> <p>Last name (if different from yours)_____</p> <p>Home telephone: (if different from yours)_____</p> <p>Date of birth (MM/DD/YY) _____</p> <p>Bar/Bat Mitzvah? YES NO</p> <p>If yes, when? (MM/DD/YY) _____</p> <p>Is he/she in school? YES NO</p> <p>If yes, please specify _____</p>	<p>Child 4 (Male or Female) Name (first/middle)_____</p> <p>Hebrew Name:_____</p> <p>Last name (if different from yours)_____</p> <p>Home telephone: (if different from yours)_____</p> <p>Date of birth (MM/DD/YY) _____</p> <p>Bar/Bat Mitzvah? YES NO</p> <p>If yes, when? (MM/DD/YY) _____</p> <p>Is he/she in school? YES NO</p> <p>If yes, please specify _____</p>
<p>Child 5 (Male or Female) Name (first/middle)_____</p> <p>Hebrew Name:_____</p> <p>Last name (if different from yours)_____</p> <p>Home telephone: (if different from yours)_____</p> <p>Date of birth (MM/DD/YY) _____</p> <p>Bar/Bat Mitzvah? YES NO</p> <p>If yes, when? (MM/DD/YY) _____</p> <p>Is he/she in school? YES NO</p> <p>If yes, please specify _____</p>	<p>Child 6 (Male or Female) Name (first/middle)_____</p> <p>Hebrew Name:_____</p> <p>Last name (if different from yours)_____</p> <p>Home telephone: (if different from yours)_____</p> <p>Date of birth (MM/DD/YY) _____</p> <p>Bar/Bat Mitzvah? YES NO</p> <p>If yes, when? (MM/DD/YY) _____</p> <p>Is he/she in school? YES NO</p> <p>If yes, please specify _____</p>

CONGREGATION ACTIVITIES

PLEASE INDICATE YOUR INTERESTS

Committee	Adult Male	Adult Female	Other Family Member (please specify) Name	Other Family Member (please specify) Name
Budget and Finance				
Fundraising				
House				
Membership				
Men's Club/ Sisterhood				
Religious				
Shabbat and Holiday Dinners				
Young Families/ Youth				

Please indicate relevant experience in community involvement

Services and /or activities you would like the Synagogue to provide

Please indicate special skills you may possess

Please indicate if you or any of your family members would like to volunteer in the office by making phone calls or proofreading

THE FOLLOWING IS NECESSARY FOR PROCESSING YOUR APPLICATION FOR MEMBERSHIP. THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE. PLEASE FEEL FREE TO CALL ON THE RABBI TO ASSIST YOU.

Please indicate where applicable

Adult Male	Jewish by birth	Adopted	Jewish by conversion
Adult Female	Jewish by birth	Adopted	Jewish by conversion

Conversion by Rabbi _____

Date (MM/DD/YY): _____ City: _____

Kindly attach copy of conversion certificate(s)

YAHRTZEIT INFORMATION

Name of Deceased	Hebrew Name of Deceased	Deceased's Father's Hebrew Name	Relationship and To Whom	English Date of Death MM/DDYY	Hebrew Date of Death	AM/PM

I agree to this application being in English. Je consents que cette application soit rediger en Anglais.
I request that all correspondence from the Synagogue be in English

Applicants Signatures _____

FOR OFFICE USE ONLY

Date received:

Comments:

Approved by Rabbi: _____

Date approved:

Database Entry Initials:

Database Entry Date:

In weekly y/n

Date