

## BETH JACOB MEMBERSHIP APPLICATION

Thank you for expressing interest in joining our congregation. We want to make the process as quick and easy as possible. The guidelines below will help you, and we look forward to seeing you soon.

- 1) Please fill out this application as completely as possible. If a given line is not applicable, please write "N/A" or place an "X" over the box. Incomplete applications will be returned.
- 2) Include area code for any telephone numbers outside of the "519" area code.
- 3) All civil dates should be in month/day/year form. For events, the Hebrew date should be used if it is known; otherwise, the civil date, including year, should be used, along with the word "day" or "night" to indicate whether the event occurred before or after sundown.
- 4) Upon its completion, return the application to Carole Gumprich, fax: 519-896-0011 or email at [cbgumprich@bell.net](mailto:cbgumprich@bell.net) If you have any questions, contact Carole Gumprich at 519-896-0009.

<b>APPLICANT:</b> FIRST NAME		LAST NAME		<b>SPOUSE:</b> FIRST NAME		LAST NAME	
TITLE				TITLE			
DATE OF BIRTH				DATE OF BIRTH			
ADDRESS				ADDRESS			
CITY		POSTAL CODE		CITY		POSTAL CODE	
HOME PHONE				HOME PHONE			
BUSINESS PHONE				BUSINESS PHONE			
FAX				FAX			
CELL PHONE				CELL PHONE			
EMAIL				EMAIL			
OCCUPATION				OCCUPATION			
CONNECTION TO JUDAISM*				CONNECTION TO JUDAISM*			
<input type="checkbox"/> 1) Birth; <input type="checkbox"/> 2) Conversion; <input type="checkbox"/> 3) Marriage				<input type="checkbox"/> 1) Birth; <input type="checkbox"/> 2) Conversion; <input type="checkbox"/> 3) Marriage			
HEBREW NAME				HEBREW NAME			
FATHER'S HEBREW NAME				FATHER'S HEBREW NAME			
MOTHER'S HEBREW NAME				MOTHER'S HEBREW NAME			
TRIBAL STATUS: <input type="checkbox"/> 1) Kohane; <input type="checkbox"/> 2) Levi; <input type="checkbox"/> 3) Israel				TRIBAL STATUS: <input type="checkbox"/> 1) Kohane; <input type="checkbox"/> 2) Levi; <input type="checkbox"/> 3) Israel			
<b>CHILDREN (if living at home)</b>							
FIRST NAME		LAST NAME		HEBREW NAME		DATE OF BIRTH	
<b>SPECIAL DATES:</b> Is there a special date (yahrtzeit of loved one, birthday, or anniversary) on which you would like to receive a specific honor at Beth Jacob Congregation?							
EVENT		DATE		HONOR			

\* If 2) or 3), give date and details, including name and contact information of officiating rabbi