



# MEMBERSHIP APPLICATION

Date: \_\_\_\_\_  
Month Day Year

## ADULT MALE

Mr.  Dr.

First Name & Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

## ADULT FEMALE

Mrs.  Miss  Ms.  Dr.

First Name & Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Apt. No.

\_\_\_\_\_ City Province/State Postal Code

Home Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Secondary Residence Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Profession: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Secondary Residence Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Profession: \_\_\_\_\_

CONGREGATION SHAAR HASHOMAYIM

450 KENSINGTON AVENUE, WESTMOUNT, QUEBEC, CANADA H3Y 3A2  
TEL. 514 937 9471 FAX 514 937 2067 WWW.SHAARHASHOMAYIM.ORG

ADULT MALE CONTINUED

Kohen       Levi       Israel

Hebrew Name: \_\_\_\_\_

\_\_\_\_\_ ben/son of (father's name) and \_\_\_\_\_ ben/son of (mother's name)

Jewish:             by birth       by conversion\*\*

Mother's Name (English): \_\_\_\_\_

Mother Jewish:     by birth       by conversion\*\*

Father's Name (English): \_\_\_\_\_

**\*\*If by conversion, please supply copy of certificate.**

Bar Mitzvah:    \_\_\_\_\_  
                                    Month                  Day                  Year

Afternoon School:  No    Yes    at Shaar Hashomayim

Day School: \_\_\_\_\_

Read Hebrew:     No       Moderate       Very Well

Other Jewish Education: \_\_\_\_\_

Single             Married             Separated

Divorced\*       Divorced\*/Remarried

Widowed         Widowed/Remarried

**\*GET has been granted/accepted in accordance with Jewish law. Please supply a copy of GET.**

Date of Marriage: \_\_\_\_\_  
                                    Month                  Day                  Year

Previous synagogue affiliation?                                   No

Yes, name of congregation(s): \_\_\_\_\_

Do you own a cemetery plot?     No

Yes, location/name: \_\_\_\_\_

ADULT FEMALE CONTINUED

Kohen       Levi       Israel

Hebrew Name: \_\_\_\_\_

\_\_\_\_\_ bat/daughter of (father's name) and \_\_\_\_\_ bat/daughter of (mother's name)

Jewish:             by birth       by conversion\*\*

Mother's Name (English): \_\_\_\_\_

Mother Jewish:     by birth       by conversion\*\*

Father's Name (English): \_\_\_\_\_

**\*\*If by conversion, please supply copy of certificate.**

Bat Mitzvah:    \_\_\_\_\_  
                                    Month                  Day                  Year

Afternoon School:  No    Yes    at Shaar Hashomayim

Day School: \_\_\_\_\_

Read Hebrew:     No       Moderate       Very Well

Other Jewish Education: \_\_\_\_\_

Single             Married             Separated

Divorced\*       Divorced\*/Remarried

Widowed         Widowed/Remarried

**\*GET has been granted/accepted in accordance with Jewish law. Please supply a copy of GET.**

Date of Marriage: \_\_\_\_\_  
                                    Month                  Day                  Year

Previous synagogue affiliation?     No

Yes, name of congregation(s): \_\_\_\_\_

Do you own a cemetery plot?     No

Yes, location/name: \_\_\_\_\_

## CHILDREN

Please include both younger and adult children.

	Child	Spouse (if applicable)
Family Name at Birth:		
First Name:		
Hebrew Name:		
Birth Date (month/day/year):		
Current School:		
Bar/Bat Mitzvah Date:		
Wedding Date:		

	Child	Spouse (if applicable)
Family Name at Birth:		
First Name:		
Hebrew Name:		
Birth Date (month/day/year):		
Current School:		
Bar/Bat Mitzvah Date:		
Wedding Date:		

	Child	Spouse (if applicable)
Family Name at Birth:		
First Name:		
Hebrew Name:		
Birth Date (month/day/year):		
Current School:		
Bar/Bat Mitzvah Date:		
Wedding Date:		

**Please add additional sheet for more children.**

# Yahrzeit

As a courtesy, we notify members of the yahrzeit of parents, siblings, spouse and children.

	Name	Relationship	Hebrew Date of Death	English Date of Death	Hebrew Name (include Kohen, Levi or Israel)
1.					
2.					
3.					
4.					
5.					
6.					

By affixing my signature to this application, I hereby agree to abide by the by-laws of the Congregation and to maintain my membership in good standing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

## FOR OFFICE USE ONLY

Date: \_\_\_\_\_  
Month Day Year

Approved  Not Approved

Account No. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_