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187 Brunswick Avenue, Toronto, Ontario, M5S 2M4

P: 416.927.0546 F: 416.927.0486 [www.narayever.ca](http://www.narayever.ca/) admin@narayever.ca

**BECOMING A MEMBER at THE FIRST NARAYEVER CONGREGATION**

We welcome your interest in joining our shul. The First Narayever is a Jewish congregation, unaffiliated with any religious movement, and committed to:

1. Conducting Jewish religious services in a traditional manner and making no gender-specific role differentiations;
2. Building a kehila kedosha (holy community), rooted in love of Torah, Israel and the Jewish people;
3. Providing educational programs for youths and adults;
4. Promoting the concept of tikkun olam (repairing of the world) through social action projects and by raising funds for tzedakah;
5. Creating and maintaining a welcoming spiritual environment in which to celebrate simchas (celebrations) as well as to grieve and mourn losses;
6. Fostering social and cultural activities which create a strong sense of community; and
7. Contributing to the vitality of the downtown Toronto Jewish community.

**APPLICATION FOR MEMBERSHIP**

We welcome members of the Jewish community by birth or conversion to apply for membership at the Narayever. We encourage you to learn more about us by going to our website. If you have any further questions about our congregation, please contact our rabbi at rabbi@narayever.ca or our Membership & Shul Community chair at membership@narayever.ca.

**HERE IS THE PROCESS**

1. Mail your form with payment to the address above, or email it to admin@narayever.ca. (This information will be used in accordance with the First Narayever Congregation privacy policy. You can find this policy, among others, on our website.)
2. Expect to hear from us within a few days to confirm that we have received your application.
3. Your membership application will be confirmed by the Board of Governors. Your payment will be processed following this formality.

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|  | **BECOMING A MEMBER at THE FIRST NARAYEVER CONGREGATION** |

**PERSONAL INFORMATION: ADULTS** (Each person 20 years and older, must fill in their own application)

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| --- | --- |
| Given Name: Click here to enter text. | Preferred Name: Click here to enter text. |

|  |  |
| --- | --- |
| Last Name: Click here to enter text. | Hebrew Name: Click here to enter text. |

|  |  |
| --- | --- |
| Street Address: Click here to enter text. | City: Click here to enter text. |

|  |  |
| --- | --- |
| Province: Click here to enter text. | Postal Code: Click here to enter text. |

|  |
| --- |
| Date of Birth: Click here to enter text. |

|  |  |
| --- | --- |
| Phone at home: Click here to enter text. | Phone at work: Click here to enter text. |

|  |  |
| --- | --- |
| Cell Phone: Click here to enter text. | Email: Click here to enter text. |

|  |  |
| --- | --- |
| Marital Status: Click here to enter text. | Spouses Name: Click here to enter text. |

|  |
| --- |
| What is your occupation and/or areas of specialty? Click here to enter text.  |

If you are you a student, please indicate if you are: [ ]  Full -time [ ]  Part-time

**YOUR FAMILY BACKGROUND**

Is/was your birth mother Jewish? [ ]  Yes [ ]  No Is/was your father: [ ]  Cohen [ ]  Levi [ ]  Israel

NOTE: If your birth mother is/was not Jewish, please provide copies of your conversion documents.

|  |  |
| --- | --- |
| Mother’s Hebrew name: Click here to enter text. | Father’s Hebrew name: Click here to enter text. |

What was your former community/congregation within the past 5 years (if applicable)?

Click here to enter text.

If you have children over the age of 19, please indicate their name(s) and age(s):

Click here to enter text.

**ABOUT YOU**

Areas of interest/expertise - please check the appropriate boxes.

[ ]  Adult Education [ ]  Bar/Bat Mitzvah Programming [ ]  Bereavement Support [ ]  Building Maintenance [ ]  Communications [ ]  Community Outreach [ ]  Food [ ]  Fundraising [ ]  Governance [ ]  High Holy Days [ ]  Holiday Celebrations [ ]  Human Resources [ ]  Israel [ ]  IT Support [ ]  Leading Services [ ]  Library [ ]  Marketing/Social Media [ ]  Membership [ ]  Office Volunteering [ ]  Program Evaluation

[ ]  Project Management [ ]  Reading Torah and Haftorah [ ]  Ritual [ ]  Social Action [ ]  Social Programming [ ]  Sunday Minyan [ ]  Volunteering with Seniors [ ]  Youth Programming

[ ]  Other: Click here to enter text.

**Please note:** Our newsletter is mailed to members and posted on our website. If you do not want your name to be listed in the section welcoming new members check this box [ ]

(If you would like to receive the Narayever quarterly newsletter by email please phone the shul office)

**PAYMENT – MUST ACCOMPANY APPLICATION**

Please indicate form of payment: [ ]  Cheque enclosed with this application. [ ]  VISA or MasterCard

|  |  |  |
| --- | --- | --- |
| Credit Card #: Click here to enter text. | Expiry Date: Click here to enter text. | CVC: Click here to enter text. |

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**PERSONAL INFORMATION: ADULTS** (Each person 20 years and older, must fill in their own application)

|  |  |
| --- | --- |
| Given Name: Click here to enter text. | Preferred Name: Click here to enter text. |

|  |  |
| --- | --- |
| Last Name: Click here to enter text. | Hebrew Name: Click here to enter text. |

|  |  |
| --- | --- |
| Street Address: Click here to enter text. | City: Click here to enter text. |

|  |  |
| --- | --- |
| Province: Click here to enter text. | Postal Code: Click here to enter text. |

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| --- |
| Date of Birth: Click here to enter text. |

|  |  |
| --- | --- |
| Phone at home: Click here to enter text. | Phone at work: Click here to enter text. |

|  |  |
| --- | --- |
| Cell Phone: Click here to enter text. | Email: Click here to enter text. |

|  |  |
| --- | --- |
| Marital Status: Click here to enter text. | Spouses Name: Click here to enter text. |

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| --- |
| What is your occupation and/or areas of specialty? Click here to enter text.  |

If you are you a student, please indicate if you are: [ ]  Full -time [ ]  Part-time

**YOUR FAMILY BACKGROUND**

Is/was your birth mother Jewish? [ ]  Yes [ ]  No Is/was your father: [ ]  Cohen [ ]  Levi [ ]  Israel

NOTE: If your birth mother is/was not Jewish, please provide copies of your conversion documents.

|  |  |
| --- | --- |
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Click here to enter text.

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Click here to enter text.

**ABOUT YOU**

Areas of interest/expertise - please check the appropriate boxes.

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[ ]  Project Management [ ]  Reading Torah and Haftorah [ ]  Ritual [ ]  Social Action [ ]  Social Programming [ ]  Sunday Minyan [ ]  Volunteering with Seniors [ ]  Youth Programming

[ ]  Other: Click here to enter text.

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Please indicate form of payment: [ ]  Cheque enclosed with this application. [ ]  VISA or MasterCard

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|  | **BECOMING A MEMBER at THE FIRST NARAYEVER CONGREGATION** |

**PERSONAL INFORMATION: CHILD 1**

Please print additional pages if needed,for each of your children under the age of 19.

|  |  |
| --- | --- |
| Given Name: Click here to enter text. | Preferred Name: Click here to enter text. |

|  |  |
| --- | --- |
| Last Name: Click here to enter text. | Hebrew Name: Click here to enter text. |

|  |  |
| --- | --- |
| Date of Birth: Click here to enter text. | Gender: [ ]  Male [ ]  Female |

Is your child: [ ]  Jewish by birth [ ]  Jewish by Conversion\* [ ]  Not Jewish

\* If your child converted, please provide copies of their conversion documents.

|  |  |
| --- | --- |
| School your child is attending: Click here to enter text. | Grade: Click here to enter text. |

|  |
| --- |
| Name of Jewish supplementary school if applicable: Click here to enter text. |

**PERSONAL INFORMATION: CHILD 2**

Please print additional pages if needed,for each of your children under the age of 19.

|  |  |
| --- | --- |
| Given Name: Click here to enter text. | Preferred Name: Click here to enter text. |

|  |  |
| --- | --- |
| Last Name: Click here to enter text. | Hebrew Name: Click here to enter text. |

|  |  |
| --- | --- |
| Date of Birth: Click here to enter text. | Gender: [ ]  Male [ ]  Female |

Is your child: [ ]  Jewish by birth [ ]  Jewish by Conversion\* [ ]  Not Jewish

\* If your child converted, please provide copies of their conversion documents.

|  |  |
| --- | --- |
| School your child is attending: Click here to enter text. | Grade: Click here to enter text. |

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| --- |
| Name of Jewish supplementary school if applicable: Click here to enter text. |

**PERSONAL INFORMATION: CHILD 3**

Please print additional pages if needed,for each of your children under the age of 19.

|  |  |
| --- | --- |
| Given Name: Click here to enter text. | Preferred Name: Click here to enter text. |

|  |  |
| --- | --- |
| Last Name: Click here to enter text. | Hebrew Name: Click here to enter text. |

|  |  |
| --- | --- |
| Date of Birth: Click here to enter text. | Gender: [ ]  Male [ ]  Female |

Is your child: [ ]  Jewish by birth [ ]  Jewish by Conversion\* [ ]  Not Jewish

\* If your child converted, please provide copies of their conversion documents.

|  |  |
| --- | --- |
| School your child is attending: Click here to enter text. | Grade: Click here to enter text. |

|  |
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| Name of Jewish supplementary school if applicable: Click here to enter text. |

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**YAHRZEIT INFORMATION**

**For immediate family (parent, spouse, sibling, child)**

|  |
| --- |
| Your Name: Click here to enter text.Your Relationship to Deceased: Click here to enter text.English Name of Deceased: Click here to enter text. |

Date of Passing: Hebrew Date: Click here to enter text.

and / or English Date (Day/Month/Year); Click here to enter text.

[ ]  Before Sunset [ ]  After Sunset

|  |
| --- |
| Your Name: Click here to enter text.Your Relationship to Deceased: Click here to enter text.English Name of Deceased: Click here to enter text. |

Date of Passing: Hebrew Date: Click here to enter text.

and / or English Date (Day/Month/Year); Click here to enter text.

[ ]  Before Sunset [ ]  After Sunset

|  |
| --- |
| Your Name: Click here to enter text.Your Relationship to Deceased: Click here to enter text.English Name of Deceased: Click here to enter text. |

Date of Passing: Hebrew Date: Click here to enter text.

and / or English Date (Day/Month/Year); Click here to enter text.

[ ]  Before Sunset [ ]  After Sunset

|  |
| --- |
| Your Name: Click here to enter text.Your Relationship to Deceased: Click here to enter text.English Name of Deceased: Click here to enter text. |

Date of Passing: Hebrew Date: Click here to enter text.

and / or English Date (Day/Month/Year); Click here to enter text.

[ ]  Before Sunset [ ]  After Sunset