

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL- PLEASE PRINT

DATE: _____

APPLICANT #1	APPLICANT #2 (if applicable)
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
DATE OF BIRTH:	DATE OF BIRTH:
CELL PHONE:	CELL PHONE:
E-MAIL:	E-MAIL:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

RESIDENT ADDRESS

ADDRESS & APT. #:		CITY:
PROVINCE:	POSTAL CODE:	
HOME PHONE:		

PERSONAL INFORMATION

APPLICANT #1	APPLICANT #2 (if applicable)
HEBREW NAME (Please Transliterate):	HEBREW NAME (Please Transliterate):
FATHER'S FULL ENGLISH NAME:	FATHER'S FULL ENGLISH NAME:
FATHER'S HEBREW NAME (Please Transliterate):	FATHER'S HEBREW NAME (Please Transliterate):
MOTHER'S FULL ENGLISH NAME:	MOTHER'S FULL ENGLISH NAME:
MOTHER'S HEBREW NAME (Please Transliterate):	MOTHER'S HEBREW NAME (Please Transliterate):
MOTHER'S FULL MAIDEN NAME:	MOTHER'S FULL MAIDEN NAME:
PERSONAL STATUS-CHECK APPLICABLE BOXES: <input type="checkbox"/> Born Jewish <input type="checkbox"/> Converted (BY _____) <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAEL	PERSONAL STATUS-CHECK APPLICABLE BOXES: <input type="checkbox"/> BORN JEWISH <input type="checkbox"/> Converted (BY _____) <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAEL
MARRIED - DATE: _____ Officiant for wedding: _____ Location of Wedding: _____	

SHAAREI SHOMAYIM CONGREGATION

470 Glencairn Avenue | Toronto ON Canada M5N 1V8
Phone: 416.789.3213 | Fax: 416.789.1728 | info@shomayim.org

WWW.SHOMAYIM.ORG

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PERSONAL INFORMATION, continued

PREVIOUS SYNAGOGUE AFFILIATION (INCLUDING NAME OF CONGREGATION, LOCATION AND NUMBER OF YEARS A MEMBER):	
LIST MEMBERSHIPS IN COMMUNAL, SERVICE AND SOCIETY GROUP TO WHICH YOU BELONG (Information used for volunteer recruitment and outreach):	
WOULD YOU SERVE AS A SYNAGOGUE VOLUNTEER IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE STATE WHICH APPLICANT AND TOPICS OF INTEREST:	
HAVE YOU ATTENDED OUR SYNAGOGUE ON AN INFORMAL BASIS IN THE PAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW WERE YOU INTRODUCED TO OUR SYNAGOGUE?	
OCCUPATION/PROFESSION (optional):	OCCUPATION/PROFESSION (optional):
NAME OF EMPLOYER:	NAME OF EMPLOYER:
ADDRESS:	ADDRESS:
WORK PHONE:	WORK PHONE:

CHILDREN (If applicable)

ENGLISH NAME	HEBREW NAME (Please Transliterate)	DATE OF BIRTH			SCHOOL(S) including supplementary programming)
		DAY	MO	YEAR	

YAHREZEIT RECORD

HEBREW NAME (PLEASE TRANSLITERATE)	FULL ENGLISH NAME	RELATIONSHIP TO APPLICANT	HEBREW DATE OF DEATH	DATE OF DEATH		
				DAY	MONTH	YEAR

ARE THERE ANY SPECIAL NEEDS OR CONCERNS THAT YOU WOULD LIKE TO DISCUSS WITH THE RABBI OR THE EXECUTIVE DIRECTOR?

CEMETERY INFORMATION

Every person in a member family unit is entitled to a cemetery lot at no charge at time of need. The lot will be allocated by the shul. While there is no charge for the lot, there are other charges for items including care & maintenance funds, foundation, administration, government license fee, and permit. Currently, all burials are at our McCowan Road Cemetery, unless pre-arrangements are made prior to time of need. Member family units may reserve one or more lots for its members at one of our four cemeteries, based on availability, at the price from the current Cemetery Price List.

For more information about our cemeteries and the current price list, see www.shomayim.org/cemetery

SHAAREI SHOMAYIM CONGREGATION'S COMMITMENT TO YOUR PRIVACY

Your privacy is important to us. We use the information you provide in this application to enable our clergy and staff to meet your needs. Your personal information will not be shared with anyone who is

not an employee or volunteer of Shaarei Shomayim unless you have provided your express consent to do so. We only use or disclose your personal information for the purposes we have identified to you. We use appropriate safeguards to protect all personal information in our custody and control.

By executing and returning this application to Shaarei Shomayim, I/we acknowledge that I/we have read and understood Shaarei Shomayim's privacy policy and I/we agree that Shaarei Shomayim can collect, use, retain and disclose the personal information in accordance with its privacy policy. Shaarei Shomayim's privacy policy and my/our consent, apply to all the personal information provided by me/us which is currently in Shaarei Shomayim's possession and may subsequently be provided by me/us, unless I/we subsequently revoke my/our consent in writing.

ANNUAL MEMBERSHIP CONTRIBUTION - Declaration

I/we understand the fair share principle regarding member contributions, reserve fund, and other associated fees and have truly indicated to the membership committee interviewers that I/we are in the proper category for the coming year.

DATED AT _____ THIS _____ DAY OF _____

SIGNATURE OF APPLICANT #1

SIGNATURE OF APPLICANT #2

Applicants are advised that the application process may involve a minor level of discrete and informal investigation to assist in the speedy processing of this application. Accurate completion of all questions on this form is appreciated.

MEMBERSHIP CONTRIBUTION STRUCTURE

Please select your category and circle the applicable rate: : Please contact the executive director (nicole@shomayim.org) if you have any questions concerning the membership contribution structure.

FAMILY INCOME	JULY 2022
UP TO \$150,000	\$2,550
\$150,000 +	\$3,200
	Reserve Fund Levy: \$150
	Security: \$150

OFFICE USE ONLY	
APPROVED BY RABBI:	APPROVED BY BOARD:

