

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL- PLEASE PRINT

DATE: _____

MALE APPLICANT	FEMALE APPLICANT
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
DATE OF BIRTH:	DATE OF BIRTH:
CELL PHONE:	CELL PHONE:
E-MAIL:	E-MAIL:

RESIDENT ADDRESS

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

PERSONAL INFORMATION

MALE APPLICANT	FEMALE APPLICANT
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"/> MARRIED - DATE: _____ <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> BORN JEWISH <input type="checkbox"/> ADOPTED <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"/> MARRIED - DATE: _____ <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> BORN JEWISH <input type="checkbox"/> ADOPTED <input type="checkbox"/> CONVERTED (BY _____) <input type="checkbox"/> DAUGHTER OF A KOHEN <input type="checkbox"/> DAUGHTER OF A LEVI

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 AND/OR YOUR SPOUSE BELONG:	
WOULD YOU AND/OR YOUR SPOUSE SERVE ON A SYNAGOGUE COMMITTEE IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE STATE YOUR PREFERENCE:	
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: <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> PARTNER <input type="checkbox"/> EMPLOYEE	OCCUPATION/PROFESSION: <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> PARTNER <input type="checkbox"/> EMPLOYEE
NAME OF EMPLOYER:	NAME OF EMPLOYER:
ADDRESS:	ADDRESS:
WORK PHONE:	WORK PHONE:
WORK FAX:	WORK FAX:

CHILDREN

ENGLISH NAME	HEBREW NAME (Please Transliterate)	DATE OF BIRTH			SCHOOLS (ENGLISH & HEBREW)
		DAY	MONTH	YEAR	

Yahrzeit Record

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

Cemetery Information

Do you now own cemetery interment rights? YES NO

If "YES", where?

Will you require a congregation cemetery lot at time of need? YES NO

If "YES", SINGLE DOUBLE

Cemetery lots are subject to availability and being a member in good standing.

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

I/we hereby apply for membership in the Shaarei Shomayim Congregation and if accepted i/we will abide by the constitution and by-laws of the congregation as duly enacted and enforced: copies of which have been provided to me/us. I/we agree to pay to the congregation the following:

BUILDING FUND PLEDGE: \$ _____, PAYABLE IN _____ INSTALLMENTS.

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

SIGNATURE OF APPLICANT

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:

FAMILY INCOME	JUNE 2019
UP TO \$150,000	\$2,450
\$150,000 +	\$3,100
	Reserve Fund Levy: \$150
	Security: \$150

OFFICE USE ONLY	
MET WITH RABBI - DATE:	MET WITH EXECUTIVE DIRECTOR - DATE:
APPROVED BY RABBI:	APPROVED BY BOARD: