



**Traditional • Conservative • Egalitarian.**

**Rabbi Dr. Geoffrey Haber and Cantor Jeremy Burko  
bring a wealth of knowledge, experience  
and insight to our congregation.**

**This is a wonderful opportunity to join  
and make a difference in your family and ours!**

**Participate in Jewish heritage, culture and your community!**

## **Membership Benefits**

**Family Membership includes children up to 25 years of age.**

**Discounts on Simchas\***

**No Clergy Fees for Life Cycle Events**

**Tax Deductible Receipts Issued**

The Beth Radom Congregation has been serving our community since 1961. The Synagogue evolved from a mutual benefit society that was incorporated in 1927 by people connected to Radom, Poland.

As a result of increasing membership, a major expansion was undertaken and completed in 1993 resulting in our present facility.

The Congregation caters to families seeking an alternative to large institutional style religion. Members describe Beth Radom as a “haymische” environment where the grandparents, parents, children and grandchildren can interact and participate with like-minded families.



**EXECUTIVE TEAM:**

PRESIDENT	Ronald Lindsay	<a href="mailto:president@bethradom.com">president@bethradom.com</a>
VICE PRESIDENT	Ilene Bronsteter	<a href="mailto:i.bronsteter@bethradom.com">i.bronsteter@bethradom.com</a>
VICE PRESIDENT	Sandy Shessel	
TREASURER	Henry Icyk	<a href="mailto:treasurer@bethradom.com">treasurer@bethradom.com</a>
SECRETARY	Larry Cooper	
GABBAI	Mark Vernon	<a href="mailto:gabbai@bethradom.com">gabbai@bethradom.com</a>

**EMPLOYEES:                      Main Phone #                      (416) 636-3451**

RABBI	Rabbi Dr. Geoffrey Haber	
	<a href="mailto:rabbihaber@bethradom.com">rabbihaber@bethradom.com</a>	
CANTOR	Chazzan Jeremy Burko	
	<a href="mailto:cantorj@bethradom.com">cantorj@bethradom.com</a>	
HEBREW SCHOOL PRINCIPAL:	Cindy Kozierok Joseph	
	<a href="mailto:cindy@bethradom.com">cindy@bethradom.com</a>	
ADMINISTRATOR:	Miriam Sharpe	ext. 24
	<a href="mailto:miriam@bethradom.com">miriam@bethradom.com</a>	
CUSTODIAN:	Omar Mohmed	
CATERER	Mitzuyan Kosher Catering	416-419-5260
	<a href="mailto:norman@mitzuyankoshercaterer.com">norman@mitzuyankoshercaterer.com</a>	

**GENERAL INQUIRIES:    [info@bethradom.com](mailto:info@bethradom.com)**

# Family Information:

Date of Application: \_\_\_\_\_

Information for

**MEMBER #1**

**MEMBER #2**

SURNAME: \_\_\_\_\_

1<sup>st</sup> Name English \_\_\_\_\_

1<sup>st</sup> Name Hebrew \_\_\_\_\_

Street Address \_\_\_\_\_

City & Postal Code \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Were you born Jewish? "Yes" or "No": \_\_\_\_\_

"Yes" or "No": \_\_\_\_\_

If 'NO', please provide conversion documents and information for our files.

Date of Birth: \_\_\_\_\_  
(month) (day) (year)

\_\_\_\_\_ (month) (day) (year)

Place of Birth: \_\_\_\_\_

Aliyah Information: Cohen Levi Yisroel  
Please circle one.

Cohen Levi Yisroel  
Please circle one.

Date of Marriage: \_\_\_\_\_  
(month) (day) (year)

## **PARENTS:**

English Names: \_\_\_\_\_

Hebrew Names: \_\_\_\_\_

Were your parents born Jewish? \_\_\_\_\_

IF either parent is DECEASED, please complete YAHRZEIT information on next page.

Are either of you currently a member of another Congregation (yes or no)? \_\_\_\_\_

If yes, where? \_\_\_\_\_

If yes, do you have burial plot privileges (yes or no)? \_\_\_\_\_

Are you related to an existing member of the Congregation (yes or no)? \_\_\_\_\_

If yes, who? \_\_\_\_\_

Who, if any, in the Congregation referred you to join? \_\_\_\_\_

## **CHILDRENS INFORMATION:** \*If more space is required, please include another page.

English Names	Hebrew Names	Date of Birth	Current Age
1.			
2.			
3.			
4.			
5.			

# Yahrzeit Information:

Please list the names of those Yahrzeits you wish to be reminded of.

1.

Last Name: \_\_\_\_\_ English First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ ben/bat \_\_\_\_\_  
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: \_\_\_\_\_ Jewish Date of Death: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

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2.

Last Name: \_\_\_\_\_ English First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ ben/bat \_\_\_\_\_  
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: \_\_\_\_\_ Jewish Date of Death: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

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3.

Last Name: \_\_\_\_\_ English First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ ben/bat \_\_\_\_\_  
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: \_\_\_\_\_ Jewish Date of Death: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

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4.

Last Name: \_\_\_\_\_ English First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ ben/bat \_\_\_\_\_  
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: \_\_\_\_\_ Jewish Date of Death: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

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5.

Last Name: \_\_\_\_\_ English First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ ben/bat \_\_\_\_\_  
(Hebrew name) (son/daughter of) (Father's first name)

Date of Death: \_\_\_\_\_ Jewish Date of Death: \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

Should this information require updating, please contact the Shul office.



**We the UNDERSIGNED APPLICANT(S) DO HEREBY:**

**Initial Please**

- A) Agree to comply with and abide by the Constitution, by-Laws and Regulations of the Beth Radom Congregation \_\_\_\_\_
- B) State that the above facts contained in this application are true and correct, \_\_\_\_\_
- C) Agree to pay to the Beth Radom Congregation a Building Maintenance Fund **\$200 per adult, per year for 5 years.** (total = \$2000) \_\_\_\_\_
- D) **Have read the Membership Promotion information.** \_\_\_\_\_  
 \*Eligibility for member discounts requires Building Fund be paid in full prior to signing of contract.
- E) Agree to pay to the Beth Radom Congregation Annual Dues: ~~\$1,575.00 per family or \$790.00 per single.~~ **\$500.00 (year 1)** \_\_\_\_\_  
 2018 Promo Pricing - Payable on joining, please see promotion for future rates.

**DATE:** \_\_\_\_\_

**NAMES** (please print) \_\_\_\_\_

**SIGNATURE(S):** \_\_\_\_\_

**WITNESSED BY:** \_\_\_\_\_

Application accepted and authorized on: (date) \_\_\_\_\_

By: \_\_\_\_\_ (position) \_\_\_\_\_

<b>Does applicant have existing rights to Burial Plots?</b>	<b>Yes</b> _____	<b>No</b> _____
<b>Is applicant interested in information on Burial Plots?</b>	<b>Yes</b> _____	<b>No</b> _____
<b>If yes, applicant to contact office for details. 416-636-3451 ext. 24 or <u>info@bethradom.com</u></b>		

**NOTES:**

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