

Shaarei Tefillah Congregation Family Membership Application Form

DATE APPLICATION SUBMITTED:

MM/DD/YEAR

Member Information – MALE

Last Name: _____

Salutation: Dr Mr Mrs Ms Miss

Tribe: Kohen Levi Yisroel

English

Hebrew

First Name: _____

Name for an

Aliyah: _____

Your full Hebrew name followed by Father's Hebrew name

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Address: _____

Suite #: _____

City: _____

Prov: _____

Postal

Code: _____

Home

Phone: _____

Date of Birth: _____

Wedding Anniversary: _____

Cell #: _____

E-mail: _____

Employment Information

Business Name: _____

Proprietor Partner Employee

Address: _____

Suite #: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Other: _____

Yahrzeit Information

English

Hebrew

Relationship

Name: _____

Yahrzeit: _____

Name: _____

Yahrzeit: _____

Name: _____

Yahrzeit: _____

If you have special circumstances, such as divorce, conversion or adoption, please speak to our Rabbi.

Please return to: 3600 Bathurst Street, Toronto, ON M6A 2C9 or Fax to: 416-785-5378

Shaarei Tefillah Congregation

Family Membership Application Form

DATE APPLICATION SUBMITTED: _____

Member Information – FEMALE

Last Name: _____ **Salutation:** Dr Mrs Ms Miss
Tribe: Kohen Levi Yisroel

English

Hebrew

First Name: _____

Father's Name: _____

Mother's Name: _____

Mother's Maiden Name: _____

Address: _____ Suite #: _____

City: _____ Prov: _____ Postal Code: _____ Home Phone: _____

E-mail: _____ Date of Birth: _____

Employment Information

Business Name: _____ Proprietor Partner Employee

Address: _____ Suite #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Cell: _____

Yahrzeit Information

English

Hebrew

Relationship

Name: _____

Yahrzeit: _____

Name: _____

Yahrzeit: _____

Name: _____

Yahrzeit: _____

Name: _____

Yahrzeit: _____

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Shaarei Tefillah Congregation Family Membership Application Form

DATE APPLICATION SUBMITTED:

Dependent Children

FOR MORE THAN 3 CHILDREN PLEASE SUPPLY INFORMATION ON BACK OF FORM

	English	Hebrew
Child's Name:		
Birth Date:		
School:		Grade:
Child's Name:		
Birth Date:		
School:		Grade:
Child's Name:		
Birth Date:		
School:		Grade:

Married Children

	English	Hebrew
Child's Name:		
Birth Date:		
Marriage Date:		
Synagogue Affiliation:		
Child's Name:		
Birth Date:		
Marriage Date:		
Synagogue Affiliation:		
Child's Name:		
Birth Date:		
Marriage Date:		
Synagogue Affiliation:		

If you have special circumstances, such as divorce, conversion or adoption, please speak to our Rabbi.
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Shaarei Tefillah Congregation Family Membership Application Form

DATE APPLICATION SUBMITTED: _____

Conversion Information (Only if applicable)

Did you convert to Judaism? _____ W H If so, in what year? _____

If so, who oversaw your conversation?

Rabbi

Shul Name

City

Were any of your parents or grand-parents not born Jewish? _____

Name _____ Relation _____

Converted? Yes / No

If there was a conversion, please specify:

Rabbi

Shul Name

City

If you have any special comments, concerns, or questions, please indicate them here:

I hereby certify that all information given above is true and correct and that I, and all members of my immediate family named herein, are Jewish by birth, or by conversion in accordance with Orthodox Halachik Standards.

Signature: _____

Date: _____

Rabbi's Signature: _____

Date: _____

If you have special circumstances, such as divorce, conversion or adoption, please speak to our Rabbi.
Please return to: 3600 Bathurst Street, Toronto, ON M6A 2C9 or Fax to: 416-785-5378