



Beth Israel Congregation  
116 Centre Street  
Kingston, Ont.  
K7L 4E6

**MEMBERSHIP APPLICATION FORM**

Date: \_\_\_\_\_

**ADULT 1**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAIDEN NAME: (IF APPLICABLE) \_\_\_\_\_

PREFERRED TITLE: (Mr. Mrs. Ms. Dr.etc.) \_\_\_\_\_

BIRTH DATE (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

ARE YOU JEWISH? YES \_\_\_ NO \_\_\_

KOHEN:  LEVI:  YISRAEL:  (check one)

HEBREW NAME: \_\_\_\_\_

SON/DAUGHTER OF (Father's Hebrew Name): \_\_\_\_\_

(Mother's Hebrew Name): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME TEL.NO: \_\_\_\_\_

CELL NO: \_\_\_\_\_

Email ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF WORK/ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

WEDDING DATE (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

NEXT OF KIN: NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_



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**ADULT 2**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAIDEN NAME: (IF APPLICABLE) \_\_\_\_\_

PREFERRED TITLE: (Mr. Mrs. Ms. Dr.etc.) \_\_\_\_\_

BIRTH DATE (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_

ARE YOU JEWISH? YES \_\_\_\_ NO \_\_\_\_

KOHEN:  LEVI:  YISRAEL:  (check one)

HEBREW NAME: \_\_\_\_\_

SON/DAUGHTER OF (Father's Hebrew Name): \_\_\_\_\_

(Mother's Hebrew Name): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME TEL.NO: \_\_\_\_\_

CELL NO: \_\_\_\_\_

Email ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLACE OF WORK/ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

WEDDING DATE (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_

NEXT OF KIN: NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_



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**FAMILY INFORMATION:**

**CHILD 1**

ENGLISH NAME: \_\_\_\_\_  
IS THE CHILD JEWISH: YES \_\_\_\_ NO \_\_\_\_  
HEBREW NAME: \_\_\_\_\_  
BIRTH DATE (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_  
DATE OF BAR/BAT MITZVAH (dd/mm/yyyy): \_\_\_\_\_  
DOES THE CHILD RESIDE AT HOME: YES \_\_\_\_ NO \_\_\_\_

**CHILD 2**

ENGLISH NAME: \_\_\_\_\_  
IS THE CHILD JEWISH: YES \_\_\_\_ NO \_\_\_\_  
HEBREW NAME: \_\_\_\_\_  
BIRTH DATE (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_  
DATE OF BAR/BAT MITZVAH (dd/mm/yyyy): \_\_\_\_\_  
DOES THE CHILD RESIDE AT HOME: YES \_\_\_\_ NO \_\_\_\_

**CHILD 3**

ENGLISH NAME: \_\_\_\_\_  
IS THE CHILD JEWISH: YES \_\_\_\_ NO \_\_\_\_  
HEBREW NAME: \_\_\_\_\_  
BIRTH DATE (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_  
DATE OF BAR/BAT MITZVAH (dd/mm/yyyy): \_\_\_\_\_  
DOES THE CHILD RESIDE AT HOME: YES \_\_\_\_ NO \_\_\_\_



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**FAMILY INFORMATION:**

**CHILD 4**

ENGLISH NAME: \_\_\_\_\_

IS THE CHILD JEWISH: YES \_\_\_\_ NO \_\_\_\_

HEBREW NAME: \_\_\_\_\_

BIRTH DATE (dd/mm/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_

DATE OF BAR/BAT MITZVAH (dd/mm/yyyy): \_\_\_\_\_

DOES THE CHILD RESIDE AT HOME: YES \_\_\_\_ NO \_\_\_\_

**Is there any other information about you and your family that you would like to add:**

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**Yahrzeits**

PERSON 1 OF BLESSED MEMORY:

ENGLISH NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PERSON 2 OF BLESSED MEMORY:

ENGLISH NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PERSON 3 OF BLESSED MEMORY:

ENGLISH NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PERSON 4 OF BLESSED MEMORY:

ENGLISH NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PERSON 5 OF BLESSED MEMORY:

ENGLISH NAME: \_\_\_\_\_

HEBREW NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_