



3080 BAYVIEW AVENUE, TORONTO ONTARIO, M2N 5L3
416-221-3433 * FAX 416-221-1602 www.bethtikvahtoronto.org

APPLICATION FOR MEMBERSHIP

1. Applicant Name (s)

A)

LAST: _____

FIRST: _____

HEBREW NAME: _____

DATE OF BIRTH: _____

SON / DAUGHTER OF (HEBREW NAME OF MOTHER & FATHER)

B))

LAST: _____

FIRST: _____

HEBREW NAME: _____

DATE OF BIRTH: _____

SON / DAUGHTER OF (HEBREW NAME OF MOTHER & FATHER)

Are you related to a member of Beth Tikvah Synagogue? Yes No

Please list name(s) and relationship if applicable:

2. Residence Address:

ADDRESS & POSTAL CODE: _____

HOME NUMBER: _____

CELL NUMBER: _____

E-MAIL: _____

3. Business (A)

OCCUPATION: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

3. Business (B)

OCCUPATION: _____

NAME OF FIRM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

IF YOU DO NOT WANT TO RECEIVE E-MAIL FROM BETH TIKVAH PLEASE TICK OFF THIS BOX—ADULT A

IF YOU DO NOT WANT TO RECEIVE E-MAIL FROM BETH TIKVAH PLEASE TICK OFF THIS BOX — ADULT B

Marital Status: MARRIED UNMARRIED SEPARATED DIVORCED WIDOWED

DATE OF MARRIAGE: (IF APPLICABLE) _____

MAIDEN NAME: _____

4. Children

A)

ENGLISH NAME: _____

HEBREW NAME: _____

AGE: _____

BIRTH DATE: _____

MARITAL STATUS: _____

B)

ENGLISH NAME: _____

HEBREW NAME: _____

AGE: _____

BIRTH DATE: _____

MARITAL STATUS: _____

C)

ENGLISH NAME: _____

HEBREW NAME: _____

AGE: _____

BIRTH DATE: _____

MARITAL STATUS: _____

D)

ENGLISH NAME: _____

HEBREW NAME: _____

AGE: _____

BIRTH DATE: _____

MARITAL STATUS: _____

CHILDREN'S HEBREW SCHOOL: _____

5. Aliyah Information

Applicant A) Kohen **Levi** **Yisroel**

Applicant B) Kohen **Levi** **Yisroel**

6. Parent's Information

Parents names and Hebrew names in full:

Applicant A)

PARENTS MEMBERS? Yes **No**

MOTHER'S NAME: _____

MOTHER'S HEBREW NAME: _____

MOTHER'S BIRTHDAY: _____

MOTHER DECEASED? Yes **No** **DATE OF DEATH:** _____

FATHER'S NAME: _____

FATHER'S HEBREW NAME: _____

FATHER'S BIRTHDAY: _____

FATHER DECEASED? Yes **No** **DATE OF DEATH:** _____

Applicant B)

PARENTS MEMBERS? Yes **No**

MOTHER'S NAME: _____

MOTHER'S HEBREW NAME: _____

MOTHER'S BIRTHDAY: _____

MOTHER DECEASED? Yes **No** **DATE OF DEATH:** _____

FATHER'S NAME: _____

FATHER'S HEBREW NAME: _____

FATHER'S BIRTHDAY: _____

FATHER DECEASED? Yes **No** **DATE OF DEATH:** _____

7. Grandparents Information

Applicant A) *Maternal*

GRANDPARENTS LIVING? Yes No

GRANDPARENTS MEMBERS? Yes No

GRANDMOTHER'S NAME: _____

GRANDMOTHER'S HEBREW NAME: _____

GRANDFATHER'S NAME: _____

GRANDFATHER'S HEBREW NAME: _____

Paternal

GRANDPARENTS LIVING? Yes No

GRANDPARENTS MEMBERS? Yes No

GRANDMOTHER'S NAME: _____

GRANDMOTHER'S HEBREW NAME: _____

GRANDFATHER'S NAME: _____

GRANDFATHER'S HEBREW NAME: _____

Applicant B) *Maternal*

GRANDPARENTS LIVING? Yes No

GRANDPARENTS MEMBERS? Yes No

GRANDMOTHER'S NAME: _____

GRANDMOTHER'S HEBREW NAME: _____

GRANDFATHER'S NAME: _____

GRANDFATHER'S HEBREW NAME: _____

Paternal

GRANDPARENTS LIVING? Yes No

GRANDPARENTS MEMBERS? Yes No

GRANDMOTHER'S NAME: _____

GRANDMOTHER'S HEBREW NAME: _____

GRANDFATHER'S NAME: _____

GRANDFATHER'S HEBREW NAME: _____

8. Yahrzeit Information:

We offer a Yahrzeit reminder system.

1) NAME OF DECEASED (ENGLISH) _____

NAME OF DECEASED (HEBREW NAME INCLUDING SON/DAUGHTER OF)

RELATIONSHIP TO APPLICANTS: _____

DATE OBSERVED: _____

2) NAME OF DECEASED (ENGLISH) _____

NAME OF DECEASED (HEBREW NAME INCLUDING SON/DAUGHTER OF)

RELATIONSHIP TO APPLICANTS: _____

DATE OBSERVED: _____

3) NAME OF DECEASED (ENGLISH) _____

NAME OF DECEASED (HEBREW NAME INCLUDING SON/DAUGHTER OF)

RELATIONSHIP TO APPLICANTS: _____

DATE OBSERVED: _____

4) NAME OF DECEASED (ENGLISH) _____

NAME OF DECEASED (HEBREW NAME INCLUDING SON/DAUGHTER OF)

RELATIONSHIP TO APPLICANTS: _____

DATE OBSERVED: _____

5) NAME OF DECEASED (ENGLISH) _____

NAME OF DECEASED (HEBREW NAME INCLUDING SON/DAUGHTER OF)

RELATIONSHIP TO APPLICANTS: _____

DATE OBSERVED: _____

6) NAME OF DECEASED (ENGLISH) _____

NAME OF DECEASED (HEBREW NAME INCLUDING SON/DAUGHTER OF)

RELATIONSHIP TO APPLICANTS: _____

DATE OBSERVED: _____

9. Volunteer and Community Involvement:

Are you presently volunteering with any agencies, organizations or boards? Please list:

Are you interested in volunteering at Beth Tikvah Synagogue: Yes No

10. Do you have any special needs?

HEARING IMPAIRED WHEELCHAIR ACCESS VISUALLY IMPAIRED OTHER
(Specify) _____

11. Are you a convert to Judaism?

(A) Yes No (B) Yes No

If Yes, please enclose copy of conversion certificate.

CONSENT

Beth Tikvah Synagogue recognizes the importance of maintaining your privacy and the confidentiality of your personal information. We take seriously our obligation to keep your personal information confidential and we protect it with appropriate safeguards. In order to instill confidence in our members and potential members that the personal information they entrust to us is safe and protected, we have developed a Privacy Policy. A copy of our Privacy Policy is posted on our website [www.bethtikvahtoronto.org/privacypolicy] and is available on request by contacting the office.

Beth Tikvah Synagogue collects and uses your personal information for the purposes we have identified in our Privacy Policy.

By signing and dating, and returning this completed Application for Membership to Beth Tikvah Synagogue:

- I/we acknowledge that I/we have read and understood Beth Tikvah Synagogue’s Privacy Policy, and
- I/we agree that Beth Tikvah Synagogue can collect, use, and disclose our personal information in accordance with its Privacy Policy.

Beth Tikvah Synagogue’s Privacy Policy and my/our consent, apply to all the personal information provided by me/us which is currently in Beth Tikvah’s possession and may be subsequently provided by me/us, unless I/we subsequently withdraw my/our consent in writing.

DATE: _____

SIGNATURE OF APPLICANT A:

SIGNATURE OF APPLICANT B:
