



TIFERETH BETH DAVID JERUSALEM
6519 Baily Road, Cote St-Luc, Quebec H4V 1A1 Canada
514-489-3841 ■ director@tbdj.org ■ www.tbdj.org

MEMBERSHIP FORM

MEMBER ONE		MEMBER TWO	
LAST NAME:		LAST NAME AT BIRTH:	
FIRST NAME:		FIRST NAME:	
HOME ADDRESS:			
HOME CITY, POSTAL CODE:			
MIDDLE NAMES:		MIDDLE NAMES:	
HEBREW NAMES:		HEBREW NAMES:	
HOME TELEPHONE:		HOME TELEPHONE:	
WORK TELEPHONE:		WORK TELEPHONE:	
MOBILE NUMBER:		MOBILE NUMBER:	
HOME EMAIL:		HOME EMAIL:	
WORK EMAIL:		WORK EMAIL:	
BIRTHDATE (DY/MO/YR):	<input type="checkbox"/> BEFORE SUNSET <input type="checkbox"/> AFTER SUNSET	BIRTHDATE (DY/MO/YR):	<input type="checkbox"/> BEFORE SUNSET <input type="checkbox"/> AFTER SUNSET
DATE OF MARRIAGE:	<input type="checkbox"/> BEFORE SUNSET <input type="checkbox"/> AFTER SUNSET	PREFERRED LAST NAME:	
WORK NAME:		WORK NAME:	
WORK ADDRESS:		WORK ADDRESS:	
WORK CITY, POSTAL CODE:		WORK CITY, POSTAL CODE:	
FATHER'S HEBREW NAME:		FATHER'S HEBREW NAME:	
MOTHER'S HEBREW NAME:		MOTHER'S HEBREW NAME:	
<input type="checkbox"/> KOHEN / <input type="checkbox"/> LEVI / <input type="checkbox"/> YISRAEL		<input type="checkbox"/> KOHEN / <input type="checkbox"/> LEVI / <input type="checkbox"/> YISRAEL	
SIGNATURE:		DATE:	

**PLEASE SEE THE OTHER SIDE OF THIS SHEET
TO PROVIDE DETAILS ABOUT YOUR CHILDREN**



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INFORMATION ABOUT CHILDREN

CHILD ONE

FIRST NAME:	MIDDLE NAMES:
HEBREW NAMES:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
BIRTHDATE (Day/Month/Year):	<input type="checkbox"/> BEFORE SUNSET <input type="checkbox"/> AFTER SUNSET
SCHOOL:	<input type="checkbox"/> MARRIED

CHILD TWO

FIRST NAME:	MIDDLE NAMES:
HEBREW NAMES:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
BIRTHDATE (Day/Month/Year):	<input type="checkbox"/> BEFORE SUNSET <input type="checkbox"/> AFTER SUNSET
SCHOOL:	<input type="checkbox"/> MARRIED

CHILD THREE

FIRST NAME:	MIDDLE NAMES:
HEBREW NAMES:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
BIRTHDATE (Day/Month/Year):	<input type="checkbox"/> BEFORE SUNSET <input type="checkbox"/> AFTER SUNSET
SCHOOL:	<input type="checkbox"/> MARRIED

CHILD FOUR

FIRST NAME:	MIDDLE NAMES:
HEBREW NAMES:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
BIRTHDATE (Day/Month/Year):	<input type="checkbox"/> BEFORE SUNSET <input type="checkbox"/> AFTER SUNSET
SCHOOL:	<input type="checkbox"/> MARRIED

PLEASE READ AND PROVIDE YOUR SIGNATURE BELOW

I, THE UNDERSIGNED, PERSONALLY AND ON BEHALF OF THE MEMBERS OF MY FAMILY, AGREE TO ABIDE BY THE RULES AND MEMBERSHIP REQUIREMENTS OF CONGREGATION TIFERETH BETH DAVID JERUSALEM AS SET OUT IN ITS CONSTITUTION AND BY-LAWS, WHICH I ACKNOWLEDGE HAVING HAD THE OPPORTUNITY TO CONSULT PRIOR TO SIGNING THIS FORM.

PRINT NAME:	DATE:
SIGNATURE:	