



NEW MEMBER APPLICATION

100 Elder Street Toronto, ON M3H 5G7
416-633-3838 www.beby.org

Date of Application _____

MEMBER INFORMATION

Full Name _____

DOB M _____ D _____ Y _____

Gender M ☐ F ☐

Email Address _____

Cell Phone _____

Occupation _____

Hebrew Name (s) _____

Father's Name _____

Mother's Name _____

Jewish by Birth Y ☐ N ☐

Kohen ☐ Levi ☐ Yisroel ☐

MEMBER INFORMATION

Full Name _____

DOB M _____ D _____ Y _____

Gender M ☐ F ☐

Email Address _____

Cell Phone _____

Occupation _____

Hebrew Name (s) _____

Father's Name _____

Mother's Name _____

Jewish by Birth Y ☐ N ☐

Kohen ☐ Levi ☐ Yisroel ☐

CONVERSION

Name of Officiating Rabbi

Date of Conversion

M _____ D _____ Y _____

Place of Conversion _____

ADDRESS

Home Address _____

City, Province _____ Postal Code _____

MARITAL STATUS

Married ☐

Marriage Date _____

Single ☐

Common Law ☐

Divorced ☐

Widow/er ☐

MEMBERSHIP OPTIONS

☐ **Full Membership** Rates can be found on our membership page
Includes cemetery rights; must fulfil building fund commitment

☐ **Associate Membership** Single - \$690 Family - \$1200
Must demonstrate ownership of cemetery plots; or membership at another Synagogue

☐ **Taste Membership** Single - \$250 Family - \$500
One year trial membership; new members only - includes high holiday tickets

CHILDREN (UNDER 30)

- Full Name _____ Gender M ☐ F ☐ DOB M _____
D _____
Hebrew Name (\$) _____ Y _____
School _____
- Full Name _____ Gender M ☐ F ☐ DOB M _____
D _____
Hebrew Name (\$) _____ Y _____
School _____
- Full Name _____ Gender M ☐ F ☐ DOB M _____
D _____
Hebrew Name (\$) _____ Y _____
School _____

YAHREITZ INFORMATION

- Full English Name _____ Hebrew Name _____
Relationship to you _____ Date of Death (English) _____
After Sundown - Yes ☐ No ☐
- Full English Name _____ Hebrew Name _____
Relationship to you _____ Date of Death (English) _____
After Sundown - Yes ☐ No ☐
- Full English Name _____ Hebrew Name _____
Relationship to you _____ Date of Death (English) _____
After Sundown - Yes ☐ No ☐
- Full English Name _____ Hebrew Name _____
Relationship to you _____ Date of Death (English) _____
After Sundown - Yes ☐ No ☐

Do you own Cemetery Plots? Yes ☐ No ☐ If yes, location _____

Previous Congregation _____
(Synagogue Name) (City) Years Affiliated

How We Collect Your Personal Information

We collect Personal Information only by lawful and fair means and not indiscriminately. We may collect Personal Information directly from you when you become a member of Beth Emeth, or during the term of your membership. We may on occasion obtain information about you from other sources, such as other family members or members of Beth Emeth.

Consent

Beth Emeth will not collect, use or disclose your Personal Information without your consent, except in certain extraordinary circumstances. Such extraordinary circumstances shall include without limitation, when legal, medical or security reasons make it impossible or impractical to obtain consent or where it is otherwise in your best interests.

Our complete privacy policy is available from our website at www.bebey.org.