



Beth Emeth Bais Yehuda Synagogue

MEMBERSHIP APPLICATION

100 Elder Street • Toronto, Ontario • M3H 5G7
Tel: 416.633.3838 • Fax: 416.633.3153 • Website: www.beby.org

We are very pleased that you have chosen to join Beth Emeth Bais Yehuda Synagogue. To further your involvement in the life of the congregation, we ask that you complete this application and information form. The data you share with us is collected and used for Shul purposes only. Please check the website for our complete Privacy Policy.

Date of Application _____

Male Member:

Surname: _____

First Name (s): _____

Hebrew Name (s): _____

DOB: M _____ D _____ Y _____

Jewish by Birth Kohen Levi Yisroel

By Conversion If yes, name of Officiating Rabbi

_____ Date _____ Place _____

Cell _____

Bus. Phone _____ x _____

*Email _____

Occupation _____

Business Name & Address

Father's Name _____

Mother's Name (nee) _____

Female Member:

Surname: _____

First Name (s): _____

Hebrew Name (s): _____

DOB: M _____ D _____ Y _____

Jewish by Birth Kohen Levi Yisroel

By Conversion If yes, name of Officiating Rabbi

_____ Date _____ Place _____

Cell _____

Bus. Phone _____ x _____

*Email _____

Occupation _____

Business Name & Address

Father's Name _____

Mother's Name (nee) _____

Home Address: _____ Apt. No: _____

City & Province: _____ Postal Code: _____

Home Phone: _____

Marital Status: Married Marriage Date _____ Single Common/Law Widow/er Divorced

Unmarried Dependent Children (under 26 years of age)

Name _____ M F Date of Birth _____

Hebrew Name _____ Surname if Different _____

Email: _____

Name _____ M F Date of Birth _____

Hebrew Name _____ Surname if Different _____

Email: _____

Name _____ M F Date of Birth _____

Hebrew Name _____ Surname if Different _____

Email: _____

Name _____ M F Date of Birth _____

Hebrew Name _____ Surname if Different _____

Email: _____ Are they interested in: Youth Groups

Reasons for joining Beth Emeth Bais Yehuda Synagogue:

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

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

Yes! Count me in! I am interested in participating / and or helping with...

Male Member		Female Member
<input type="checkbox"/>	Continuing Education	<input type="checkbox"/>
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
<input type="checkbox"/>	Golfing	<input type="checkbox"/>
<input type="checkbox"/>	Greening	<input type="checkbox"/>
<input type="checkbox"/>	Office Volunteer	<input type="checkbox"/>
<input type="checkbox"/>	Youth & Young Families	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	<input type="checkbox"/>

*Membership in our Brotherhood and Sisterhood requires an additional contribution (each) of \$36.00 per year. This donation helps to offset the costs of programming throughout the year.

Yahrzeit Information

Please include any Yahrzeit information below so that we may notify you in advance of any upcoming Yahrzeits.
If you need more space, please attach an additional sheet with all Yahrzeit information.

Full English Name _____ Hebrew Name _____
Relationship to you _____ Date of Death _____ After Sundown <input type="checkbox"/>
Full English Name _____ Hebrew Name _____
Relationship to you _____ Date of Death _____ After Sundown <input type="checkbox"/>
Full English Name _____ Hebrew Name _____
Relationship to you _____ Date of Death _____ After Sundown <input type="checkbox"/>
Full English Name _____ Hebrew Name _____
Relationship to you _____ Date of Death _____ After Sundown <input type="checkbox"/>

My Commitment to Beth Emeth

I hereby apply for membership in the Beth Emeth Bais Yehuda Synagogue and if accepted will abide by the Constitution and By-Laws of the Synagogue. As a condition of such membership, I have agreed to pay the Congregation \$ _____ as a building fund pledge payable in installments together with my annual member contribution as follows:

Terms of Pledge _____

Dated this _____ day of _____, _____

Signature of Applicant(s)

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.

Consent for the collection, use and/or disclosure of Personal Information may be obtained orally or in writing and may be expressly given or implied. We may also from time to time ask you to give your written consent to the use and disclosure of specific Personal Information. In determining how we obtain your consent, we will take into account the sensitivity of your Personal Information that we are collecting, using and/or disclosing. We will use and disclose your Personal Information only in accordance with this Privacy Policy. Your privacy is important to us. Your signature acknowledges your acceptance that we may contact you via email, phone and/or mailing address. We will not transmit, send or sell your information to any third parties.

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

FOR OFFICE USE ONLY

Account Type: _____

Approved by _____ Date _____

Amount enclosed with application \$ _____ Member # _____

Processed: Computer _____ Remarks _____