



קהילת שערי תורה דטורונטו
KEHILLAT SHAAREI TORAH OF TORONTO

2640 Bayview Avenue • Toronto • ON • M2L 1B7
 voice: (416) 229-2600 fax: (866) 759-6413

v. 08.24.2017

Application Date: _____
 (MM/DD/YYYY)

New Member:

Salutation: _____ Full Name: _____ M / F (Circle One)

Heb. Name: _____ Dad's Heb. Name: _____ Mom's Heb. Name: _____

Birth/Maiden Name: _____ Nick Name: _____ Birth Date: _____
 (MM/DD/YYYY)

Personal Status: Born Jewish Converted (If so, please attach certificate) Adopted Previously Married

Marital Status: Single Married Separated Divorced Widowed **Tribe:** (Daughter of:) Kohen Levi Israel

If Married:

Anniversary Date: _____ City/Place: _____ Off. Rabbi: _____
 (MM/DD/YYYY)

Current Address: _____
 City / Prov / Postal

Phone: _____ Fax: _____ Mobile: _____

Personal E-mail: _____ Occupation: _____

Business Name: _____

Business Address: _____
 City / Prov / Postal

Business Phone: _____ Business E-mail: _____

About My Spouse:

Salutation: _____ Full Name: _____ M / F (Circle One)

Personal Status: Born Jewish Converted (If so, please attach certificate) Adopted Previously Married

Tribe: (Daughter of:) Kohen Levi Israel

Heb. Name: _____ Dad's Heb. Name: _____ Mom's Heb. Name: _____

Birth/Maiden Name: _____ Nick Name: _____ Birth Date: _____
 (MM/DD/YYYY)

Fax: _____ Mobile: _____ E-mail: _____

Occupation: _____ Business Name: _____

Business Address: _____
 City/Prov/Postal

Business Phone: _____ Business E-mail: _____

Child 1: Natural Birth Adopted

Salutation: _____ Full Name: _____ DOB: _____

MM/DD/YYYY

Maiden Name: _____ Nick Name: _____ M / F (circle)

Hebrew Name: _____ **Tribe:** (Daughter of:) Kohen Levi Israel

If different from above: Heb. Name of Mom _____ Heb. Name of Dad: _____

Phone: _____ Mobile: _____ E-mail: _____

School: _____ Major: _____

Spouse's Full Name: _____ Born Jewish Converted Adopted

Sp. Hebrew Name: _____ **Sp. Tribe:** (Daughter of:) Kohen Levi Israel

Sp. Heb. Name of Mom: _____ Sp. Heb. Name of Dad: _____

Phone: _____ Mobile: _____ E-mail: _____

School: _____ Major: _____

Address: *(If Different from Parents)* _____

Child 2: Natural Birth Adopted

Salutation: _____ Full Name: _____ DOB: _____

MM/DD/YYYY

Maiden Name: _____ Nick Name: _____ M / F (circle)

Hebrew Name: _____ **Tribe:** (Daughter of:) Kohen Levi Israel

If different from above: Heb. Name of Mom _____ Heb. Name of Dad: _____

Phone: _____ Mobile: _____ E-mail: _____

School: _____ Major: _____

Spouse's Full Name: _____ Born Jewish Converted Adopted

Sp. Hebrew Name: _____ **Sp. Tribe:** (Daughter of:) Kohen Levi Israel

Sp. Heb. Name of Mom: _____ Sp. Heb. Name of Dad: _____

Phone: _____ Mobile: _____ E-mail: _____

School: _____ Major: _____

Address: *(If Different from Parents)* _____

Child 3: Natural Birth Adopted

Salutation: _____ Full Name: _____ DOB: _____
MM/DD/YYYY

Maiden Name: _____ Nick Name: _____ M / F (circle)

Hebrew Name: _____ **Tribe:** (Daughter of:) Kohen Levi Israel

If different from above: Heb. Name of Mom _____ Heb. Name of Dad: _____

Phone: _____ Mobile: _____ E-mail: _____

School: _____ Major: _____

Spouse's Full Name: _____ Born Jewish Converted Adopted

Sp. Hebrew Name: _____ **Sp. Tribe:** (Daughter of:) Kohen Levi Israel

Sp. Heb. Name of Mom: _____ Sp. Heb. Name of Dad: _____

Phone: _____ Mobile: _____ E-mail: _____

School: _____ Major: _____

Address: *(If Different from Parents)* _____

Child 4: Natural Birth Adopted

Salutation: _____ Full Name: _____ DOB: _____
MM/DD/YYYY

Maiden Name: _____ Nick Name: _____ M / F (circle)

Hebrew Name: _____ **Tribe:** (Daughter of:) Kohen Levi Israel

If different from above: Heb. Name of Mom _____ Heb. Name of Dad: _____

Phone: _____ Mobile: _____ E-mail: _____

School: _____ Major: _____

Spouse's Full Name: _____ Born Jewish Converted Adopted

Sp. Hebrew Name: _____ **Sp. Tribe:** (Daughter of:) Kohen Levi Israel

Sp. Heb. Name of Mom: _____ Sp. Heb. Name of Dad: _____

Phone: _____ Mobile: _____ E-mail: _____

School: _____ Major: _____

Address: *(If Different from Parents)* _____

Yahrzeits:

The synagogue maintains records of death anniversaries (yahrzeits) and will notify you in advance of upcoming observances based on the information provided below:

Yahrzeit 1:

Member's Name Observing: _____ Relationship to member: _____

Deceased Name: _____ Full Hebrew Name: _____

Place of Burial: _____ English Date of Death: _____ Day Night
(MM/DD/YYYY)

Yahrzeit 2:

Member's Name Observing: _____ Relationship to member: _____

Deceased Name: _____ Full Hebrew Name: _____

Place of Burial: _____ English Date of Death: _____ Day Night
(MM/DD/YYYY)

Yahrzeit 3:

Member's Name Observing: _____ Relationship to member: _____

Deceased Name: _____ Full Hebrew Name: _____

Place of Burial: _____ English Date of Death: _____ Day Night
(MM/DD/YYYY)

Yahrzeit 4:

Member's Name Observing: _____ Relationship to member: _____

Deceased Name: _____ Full Hebrew Name: _____

Place of Burial: _____ English Date of Death: _____ Day Night
(MM/DD/YYYY)

I hereby apply for membership in Kehillat Shaarei Torah and, if accepted, will abide by the Constitution and By-Laws of the Synagogue. As a condition of such membership, I agree to pay the Congregation the building fund of \$3250 per individual or \$6500 per family (or as may be determined by board decision), payable in annual installments together with my annual membership dues, over an (up to) 10 year term, without interest.

Members are eligible for cemetery burial rights if membership is in good standing (fees have been paid up to date) and the building fund commitment has been settled in full. The cost of the burial lot will be deducted from the amount of the tax receipt for fees paid in the year of death. If the fees paid are inadequate to pay for the cost of the lot, the difference will be charged to the estate of the deceased. Any outstanding building fund fees at time of death will be charged to the estate of the deceased.

All prospective new members are required to meet with the rabbi prior to their acceptance into the Kehillat Shaarei Torah community. If a single member is legally married to a spouse not recognized by Orthodox Jewish law and therefore not eligible for "family membership", that member agrees not to pursue or accept an executive leadership position on the Board of Directors of Kehillat Shaarei Torah.

I have read the above and agree to abide by the rules and conditions stated. Dated this _____ day of _____ 20_____.

Applicant's Signature

Spouse's Signature

Applicant's Name (printed): _____

Spouse's Name (printed): _____

For Office Use Only:

Rabbi's Approval for Membership: _____ Date: _____

Approved per: Board of Directors: _____ Date: _____

Membership Entry: Database Yahrzeit Financial Payment