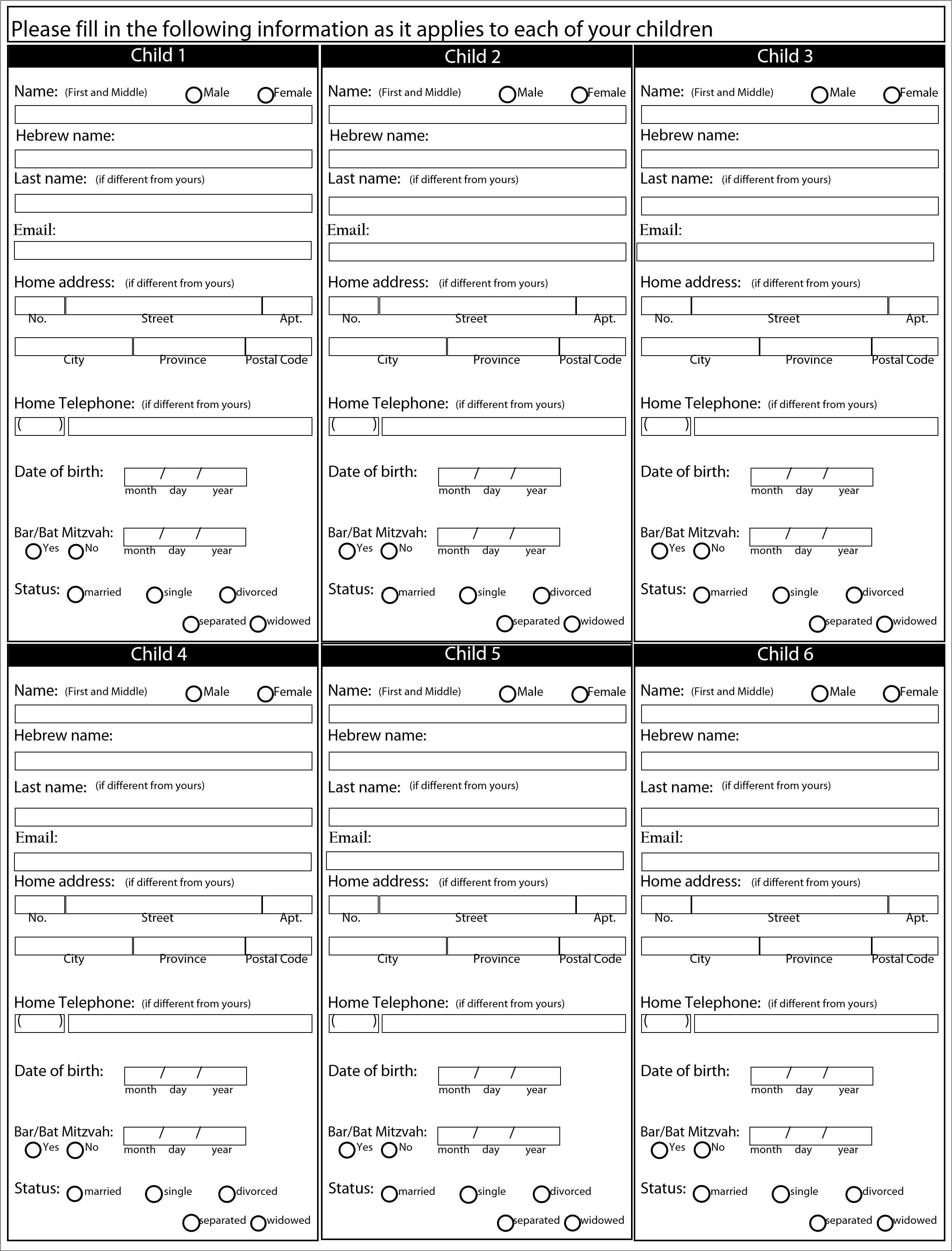
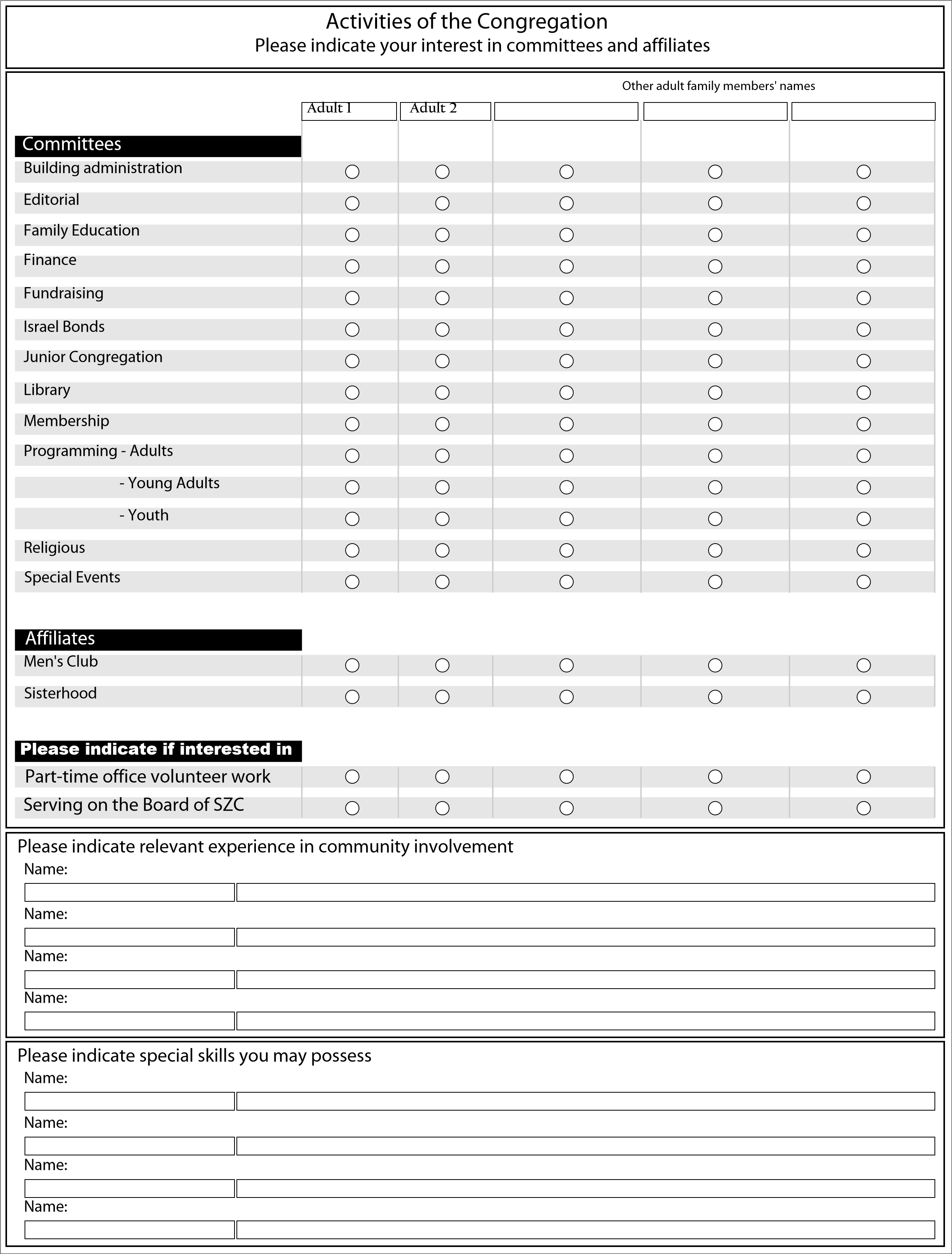
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| **MEMBERSHIP APPLICATION** |
| **5305 Rosedale Avenue - Montreal QC H4V 2H7**  Date:**Phone: [514] 484-1122 - Fax: [514] 484-1454** month day year **www.shaarezedek.ca**  /  /   |  | | --- | | We hereby apply for membership in the Shaare Zedek Congregation, Montreal. If accepted, we agree to abide by and conform to its Constitution and by-laws now existing or which may be enacted from time to time. We undertake to make payment in accordance with the present regulations or those which may be adopted in the future. |      |  |  |  | | --- | --- | --- | | Marital status: divorced separated widowed  Date of birth:  month day year  /  /  married  single |  | Marital status: divorced separated widowed  Date of birth:  month day year  /  /  married  single |   Wedding anniversary:  Name of Rabbi who performed marriage ceremony:  /  /  month  day  year  Of Congregation:  City: |





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| The following is necessary for processing your application for membership.  This information will be held in strict confidence.  Please feel free to call on the Rabbi to assist you. |  |
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| |  |  |  | | --- | --- | --- | | **Adult 1** |  | **Adult 2** |   Jewish by birth  Adopted  Jewish by choice |
|  |
| Date:  City:  If so, conversion performed  by Rabbi or Beit Din:  /  /  month  day  year  /  /  month  day  year |
| (Kindly attach copy of conversion certificate) |
| Yhartzeit Information |
| Full name of departed: Hebrew name of departed Relationship To whom English date AM PM Hebrew date  and father of death of death   |  |  |  |  | | --- | --- | --- | --- | |  |  | | | |  | month | day | year | |  | / | / |  | |  | month | day | year | |  | / | / |  | |  | month | day | year | |  | / | / |  | |  | month | day | year | |  | / | / |  | |  | month | day | year | |  | / | / |  | |  | month | day | year | |  | / | / |  | |  | month | day | year | |  | / | / |  |   / /  month day year |
|  |
| Je consents que cette application soit rédiger en Anglais.  I agree to this application being in English.  I request that all correspondence from your synagogue be in English.  Applicants' Signatures |
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|  |
| FOR OFFICE USE ONLY |
| Date received:  Comments:  Approved by:  Date approved: |