

CHEVRA KADISHA B'NAI JACOB-BEIT HAZIKARON
MEMBERSHIP APPLICATION FORM

We hereby apply for membership in the Congregation Chevra Kadisha B'nai Jacob-Beit Hazikaron. 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 promptly in accordance with the present regulations or those which may be adopted in the future.

ADULT FEMALE

ADULT MALE

Title: Dr. Mrs. Ms. Miss _____

Title: Dr. Mr. _____

First name: _____

First name: _____

Last name: _____

Last name: _____

Hebrew name: _____

Hebrew name: _____

Kohen Levi Israel

Kohen Levi Israel

Father's Hebrew name: _____

Father's Hebrew name: _____

Kohen Levi Israel

Kohen Levi Israel

Mother's Hebrew name: _____

Mother's Hebrew name: _____

Kohen Levi Israel

Kohen Levi Israel

Maiden name: (if applicable) _____

Home address: _____
No. Street Apt.

Home address: _____
No. Street Apt.

City: _____ Province: _____ Postal Code: _____

City: _____ Province: _____ Postal Code: _____

Home telephone: () _____ Cellular: () _____

Home telephone: () _____ Cellular: () _____

Fax: () _____ E-mail: _____

Fax: () _____ E-mail: _____

Business name: _____
 retired

Business name: _____
 retired

Job title: _____

Job title: _____

Nature of business: _____

Nature of business: _____

Business address: _____
No. Street Suite

Business address: _____
No. Street Suite

City: _____ Province: _____ Postal Code: _____

City: _____ Province: _____ Postal Code: _____

Business telephone: () _____ Ext: _____

Business telephone: () _____ Ext: _____

Fax: () _____ E-mail: _____

Fax: () _____ E-mail: _____

Marital status: married single divorced separated widowed

Marital status: married single divorced separated widowed

Date of birth: /Mo. /Day /Year

Date of birth: /Mo. /Day /Year

Jewish by birth: yes no

Jewish by birth: yes no

Jewish by choice: _____

Jewish by choice: _____

Conversion performed by Rabbi or Bet Din: _____

Conversion performed by Rabbi or Bet Din: _____

Date: _____ City _____

Date: _____ City _____

Kindly attach copy of conversion certificate

Kindly attach copy of conversion certificate

Wedding anniversary: /Mo. /Day /Year _____

Name of Rabbi who performed marriage ceremony: _____

Congregation: _____ City _____

CHILD 1 Male Female

Name: (first and middle)

Hebrew Name:

Last name: (if different from yours)

Home telephone: (if different from yours)

()

Date of birth: Mo. /Day /Yr.

Bat/Bar Mitzvah:

Yes No Mo. /Day /Yr.

Education Profile

	Year Graduated	Currently attending	Name of School
Pre-School	_____	<input type="checkbox"/>	_____
Day School	_____	<input type="checkbox"/>	_____
High School	_____	<input type="checkbox"/>	_____
Cegep	_____	<input type="checkbox"/>	_____
University	_____	<input type="checkbox"/>	_____

CHILD 2 Male Female

Name: (first and middle)

Hebrew Name:

Last name: (if different from yours)

Home telephone: (if different from yours)

()

Date of birth: Mo. /Day /Yr.

Bat/Bar Mitzvah:

Yes No Mo. /Day /Yr.

Education Profile

	Year Graduated	Currently attending	Name of School
Pre-School	_____	<input type="checkbox"/>	_____
Day School	_____	<input type="checkbox"/>	_____
High School	_____	<input type="checkbox"/>	_____
Cegep	_____	<input type="checkbox"/>	_____
University	_____	<input type="checkbox"/>	_____

CHILD 3 Male Female

Name: (first and middle)

Hebrew Name:

Last name: (if different from yours)

Home telephone: (if different from yours)

()

Date of birth: Mo. /Day /Yr.

Bat/Bar Mitzvah:

Yes No Mo. /Day /Yr.

Education Profile

	Year Graduated	Currently attending	Name of School
Pre-School	_____	<input type="checkbox"/>	_____
Day School	_____	<input type="checkbox"/>	_____
High School	_____	<input type="checkbox"/>	_____
Cegep	_____	<input type="checkbox"/>	_____
University	_____	<input type="checkbox"/>	_____

YAHRZEIT INFORMATION

Full Name of departed	Hebrew name of Departed & father	Relationship	To Whom	English date of death	AM	PM	Hebrew date of death

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

Applicant's Signature (s) _____

FOR OFFICE USE ONLY

Date received: _____ Comments _____

Approved by: _____

Date approved: _____

**ACTIVITIES OF THE CONGREGATION
PLEASE INDICATE YOUR INTEREST IN COMMITTEES AND AFFILIATES**

Committees	Adult Female	Adult Male	Other Adult Family Members' Names		
			_____	_____	_____
Family Education_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Classic_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publicity_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Programming_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Adults_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affiliates

Creative Preschool_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Social Center_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisterhood_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate if interested in Serving on a telephone committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate if interested in Serving on the Board of CKBJ-BH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate relevant experience in community involvement

Name: _____

Name: _____

Name: _____

Name: _____

Please indicate special skills you may possess

Name: _____

Name: _____

Name: _____

Name: _____