



SHAAREI SHOMAYIM CONGREGATION

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APPLICATION FOR MEMBERSHIP

CONFIDENTIAL

PLEASE PRINT

MALE APPLICANT	FEMALE APPLICANT
SURNAME:	SURNAME:
GIVEN NAMES:	GIVEN NAMES:

RESIDENT ADDRESS

NO. & STREET:		APT. NO.:
CITY/TOWN:	PROVINCE:	POSTAL CODE:
HOME PHONE:	FAMILY E-MAIL:	
HOME FAX:	CELL PHONE/PAGER:	

PERSONAL INFORMATION

MALE APPLICANT	FEMALE APPLICANT
OCCUPATION/PROFESSION: <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> PARTNER <input type="checkbox"/> EMPLOYEE	OCCUPATION/PROFESSION: <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> PARTNER <input type="checkbox"/> EMPLOYEE
NAME OF BUSINESS:	NAME OF BUSINESS:
BUSINESS ADDRESS:	BUSINESS ADDRESS:
WORK PHONE:	WORK PHONE:
WORK FAX:	WORK FAX:
WORK E-MAIL:	WORK E-MAIL:
POSITION:	POSITION:
YOUR HEBREW NAME (Please Transliterate):	YOUR HEBREW NAME (Please Transliterate):
FATHER'S ENGLISH NAME:	FATHER'S ENGLISH NAME:
FATHER'S HEBREW NAME (Please Transliterate):	FATHER'S HEBREW NAME (Please Transliterate):
MOTHER'S ENGLISH NAME:	MOTHER'S ENGLISH NAME:
MOTHER'S HEBREW NAME (Please Transliterate):	MOTHER'S HEBREW NAME (Please Transliterate):

OTHER CHILDREN

NAME	ADDRESS	DATE OF BIRTH	OCCUPATION	MARITAL STATUS

INDEPENDENT CHILDREN OVER 21 YEARS OF AGE MUST APPLY FOR THEIR INDIVIDUAL MEMBERSHIP

Yahrzeit Record

FULL HEBREW NAME (Please Transliterate)	FULL ENGLISH NAME	RELATIONSHIP TO APPLICANT	HEBREW DATE OF DATE (Please Transliterate)

APPLICANTS ARE ADVISED THAT THE APPLICATION PROCESS MAY INVOLVE A MINOR LEVEL OF DISCRETE AND INFORMAL INVESTIGATION TO ASSIST IN THE SPEEDY PROCESSING OF THIS APPLICATION. ACCURATE COMPLETION OF ALL QUESTIONS ON THIS FORM IS APPRECIATED.

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OFFICE USE ONLY:

MEMBERSHIP COMMITTEE INTERVIEW DATE:	
<input type="checkbox"/> MET WITH RABBI – DATE:	<input type="checkbox"/> MET WITH EXECUTIVE DIRECTOR – DATE:
COMMENTS:	
<input type="checkbox"/> APPROVED BY BOARD OF GOVERNORS – DATE:	

CEMETERY INFORMATION

DO YOU NOW OWN CEMETERY INTERMENT RIGHTS? YES NO

IF "YES",
WHERE? _____

WILL YOU REQUIRE A CONGREGATION CEMETERY LOT AT TIME OF NEED? YES NO

IF "YES", SINGLE DOUBLE

IF YOU DO NOT NEED ANY CEMETERY PRIVILEGES FROM SHAAREI SHOMAYIM CONGREGATION, PLEASE COMPLETE THE WAIVER FORM BELOW:

WAIVER OF CEMETERY RIGHTS

TO: SHAAREI SHOMAYIM CONGREGATION (THE "CONGREGATION")

WE UNDERSTAND THAT ARTICLE IIID 1(i) OF THE GENERAL BY-LAW OF THE CONGREGATION (THE "CONSTITUTION") PROVIDES THAT MEMBERS SHALL BE ENTITLED TO FREE CEMETERY PRIVILEGES, SUBJECT TO THE TERMS AND CONDITIONS OF ARTICLE V.E. OF THE CONSTITUTION, ARTICLE V.E.2(b)(i) PROVIDES THAT, AT THE TIME OF ADMISSION OF A FAMILY UNIT TO MEMBERSHIP IN THE CONGREGATION ONE OR MORE MEMBERS OF THE FAMILY UNIT MAY, BY WRITTEN INSTRUMENT, WAIVE THE RIGHT TO A FREE CEMEMTERY LOT AND SUCH WAIVER SHALL BE BINDING ON SUCH MEMBERS.

IN CONSIDERATION OF THE ADMISSION OF THE ABOVE FAMILY UNIT TO MEMBERSHIP IN THE CONGREGATION, AND OTHER GOOD AND VALUABLE CONSIDERATION, THE RECEIPT AND SUFFICIENCY WHICH IS ACKNOWLEDGED, THE UNDERSIGNED WAIVE THE RIGHT TO A FREE CEMETERY LOT SET OUT IN THE CONSTITUTION AND ACKNOWLEDGE AND AGREE THAT HE/SHE/THEY WILL NOT BE ENTITLED TO A FREE CEMETERY PLOT AT THE TIME OF NEED.

DATED: _____

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

PLEASE PRINT NAME

PLEASE PRINT NAME

ANNUAL DUES

TO BE COMPLETED AT MEETING WITH THE EXECUTIVE DIRECTOR OR MEMBERSHIP COMMITTEE

I/WE HEREBY APPLY FOR MEMBERSHIP IN THE SHAAREI SHOMAYIM CONGREGATION AND IF ACCEPTED I/WE WILL ABIDE BY THE CONSTITUTION AND BY-LAWS OF THE CONGREGATION AS DULY ENACTED AND IN FORCE: COPIES OF WHICH HAVE BEEN PROVIDED TO ME/US. I/WE AGREE TO PAY TO THE CONGREGATION \$ _____ AS A BUILDING FUND PLEDGE, PAYABLE IN _____ INSTALLMENTS IN ADDITION TO MY CURRENT ANNUAL DUES OF \$ _____

DECLARATION:

I/WE UNDERSTAND THE FAIR SHARE PRINCIPLE REGARDING DUES, BUILDING MAINTENANCE FUND, AND OTHER ASSOCIATED FEES AND HAVE TRULY INDICATED TO THE MEMBERSHIP COMMITTEE INTERVIEWERS THAT I/WE ARE IN THE PROPER CATEGORY FOR THE COMING YEAR.

DATED AT _____ THIS _____ DAY OF _____

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT