

APPLICATION FOR MEMBERSHIP

CONFIDENTIAL- PLEASE PRINT

DATE: _____

MALE APPLICANT	FEMALE APPLICANT
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
DATE OF BIRTH:	DATE OF BIRTH:
CELL PHONE:	CELL PHONE:
E-MAIL:	E-MAIL:

RESIDENT ADDRESS

ADDRESS & APT. #:	CITY:
PROVINCE:	POSTAL CODE:
HOME PHONE:	

PERSONAL INFORMATION

MALE APPLICANT	FEMALE APPLICANT
HEBREW NAME (Please Transliterate):	HEBREW NAME (Please Transliterate):
FATHER'S FULL ENGLISH NAME:	FATHER'S FULL ENGLISH NAME:
FATHER'S HEBREW NAME (Please Transliterate):	FATHER'S HEBREW NAME (Please Transliterate):
MOTHER'S FULL ENGLISH NAME:	MOTHER'S FULL ENGLISH NAME:
MOTHER'S HEBREW NAME (Please Transliterate):	MOTHER'S HEBREW NAME (Please Transliterate):
MOTHER'S FULL MAIDEN NAME:	MOTHER'S FULL MAIDEN NAME:
PERSONAL STATUS-CHECK APPLICABLE BOXES: <input type="checkbox"/> MARRIED - DATE: _____ <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> BORN JEWISH <input type="checkbox"/> ADOPTED <input type="checkbox"/> CONVERTED (BY _____) <input type="checkbox"/> KOHEN <input type="checkbox"/> LEVI <input type="checkbox"/> ISRAEL	PERSONAL STATUS-CHECK APPLICABLE BOXES: <input type="checkbox"/> MARRIED - DATE: _____ <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> BORN JEWISH <input type="checkbox"/> ADOPTED <input type="checkbox"/> CONVERTED (BY _____) <input type="checkbox"/> DAUGHTER OF A KOHEN <input type="checkbox"/> DAUGHTER OF A LEVI

PERSONAL INFORMATION, continued

PREVIOUS SYNAGOGUE AFFILIATION (INCLUDING NAME OF CONGREGATION, LOCATION AND NUMBER OF YEARS A MEMBER):	
LIST MEMBERSHIPS IN COMMUNAL, SERVICE AND SOCIETY GROUP TO WHICH YOU AND/OR YOUR SPOUSE BELONG:	
WOULD YOU AND/OR YOUR SPOUSE SERVE ON A SYNAGOGUE COMMITTEE IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE STATE YOUR PREFERENCE:	
HAVE YOU ATTENDED OUR SYNAGOGUE ON AN INFORMAL BASIS IN THE PAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW WERE YOU INTRODUCED TO OUR SYNAGOGUE?	
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 EMPLOYER:	NAME OF EMPLOYER:
ADDRESS:	ADDRESS:
WORK PHONE:	WORK PHONE:
WORK FAX:	WORK FAX:

UNMARRIED CHILDREN UNDER THE AGE OF 25

ENGLISH NAME	HEBREW NAME (Please Transliterate)	DATE OF BIRTH			SCHOOLS (ENGLISH & HEBREW)
		DAY	MONTH	YEAR	

YAHRTZEIT RECORD

HEBREW NAME (PLEASE TRANSLITERATE)	FULL ENGLISH NAME	RELATIONSHIP TO APPLICANT	HEBREW DATE OF DEATH	DATE OF DEATH		
				DAY	MONTH	YEAR

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

CEMETERY LOTS ARE SUBJECT TO AVAILABILITY AND BEING A MEMBER IN GOOD STANDING.

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

WAIVER OF CEMETERY RIGHTS IF YOU DO NOT REQUIRE CEMETERY PRIVILEGES

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 CEMETERY 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 LOT AT THE TIME OF NEED.

DATED: _____

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

PLEASE PRINT NAME

PLEASE PRINT NAME

ANNUAL MEMBERSHIP CONTRIBUTION

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 ENFORCED: COPIES OF WHICH HAVE BEEN PROVIDED TO ME/US. I/WE AGREE TO PAY TO THE CONGREGATION THE FOLLOWING:

BUILDING FUND PLEDGE: \$ _____, PAYABLE IN _____ INSTALLMENTS.

SHAAREI SHOMAYIM CONGREGATION'S COMMITMENT TO YOUR PRIVACY:

Your privacy is important to us. We use the information you provide in this application to enable our clergy and staff to meet your needs. Your personal information will not be shared with anyone who is not an employee or volunteer of Shaarei Shomayim unless you have provided your express consent to do so. We only use or disclose your personal information for the purposes we have identified to you. We use appropriate safeguards to protect all personal information in our custody and control.

By executing and returning this application to Shaarei Shomayim, I/we acknowledge that I/we have read and understood Shaarei Shomayim's privacy policy and I/we agree that Shaarei Shomayim can collect, use, retain and disclose the personal information in accordance with its privacy policy. Shaarei Shomayim's privacy policy and my/our consent, apply to all the personal information provided by me/us which is currently in Shaarei Shomayim's possession and may subsequently be provided by me/us, unless I/we subsequently revoke my/our consent in writing.

DECLARATION:

I/WE UNDERSTAND THE FAIR SHARE PRINCIPLE REGARDING MEMBER CONTRIBUTIONS, RESERVE 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

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.

MEMBERSHIP CONTRIBUTION STRUCTURE (please select your category)

FAMILY INCOME	JULY 2017
UP TO \$125,000	\$2,400
\$150,000 +	\$3,000
	Reserve Fund Levy: \$150
	Security: \$100

OFFICE USE ONLY	
MEMBERSHIP COMMITTEE INTERVIEW DATE:	
MET WITH RABBI - DATE:	MET WITH EXECUTIVE DIRECTOR - DATE: