



Beth Israel
Congregation
Kingston · Ontario

Beth Israel Congregation
116 Centre Street
Kingston, ON K7L 4E6

MEMBERSHIP QUESTIONNAIRE

DATE: _____

LAST NAME: _____ FIRST NAME: _____

HEBREW NAME: _____ BIRTH DATE (dd, mm, yyyy): _____

KOHEN: LEVI: YISRAEL: (check one)

SON/DAUGHTER OF (Father's Hebrew Name): _____

(Mother's Hebrew Name: _____)

HOME ADDRESS: _____

_____ POSTAL CODE: _____

MAILING ADDRESS: _____

_____ POSTAL CODE: _____

HOME TELEPHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

WEDDING DATE (dd, mm, yyyy): _____

SPOUSE'S INFORMATION

LAST NAME: _____ FIRST NAME: _____

HEBREW NAME: _____ BIRTH DATE (dd, mm, yyyy): _____

KOHEN: LEVI: YISRAEL: (check one)

SON/DAUGHTER OF (Father's Hebrew Name): _____

(Mother's Hebrew Name: _____)

HOME ADDRESS: _____

_____ POSTAL CODE: _____

MAILING ADDRESS: _____

_____ POSTAL CODE: _____

HOME TELEPHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

CHILDREN'S INFORMATION

ENGLISH NAME: _____

HEBREW NAME: _____

BIRTH DATE (dd, mm, yyyy): _____

DATE OF BAR/BAT MITZVAH(dd, mm, yyyy): _____

ENGLISH NAME: _____

HEBREW NAME: _____

BIRTH DATE (dd, mm, yyyy): _____

DATE OF BAR/BAT MITZVAH(dd, mm, yyyy): _____

ENGLISH NAME: _____

HEBREW NAME: _____

BIRTH DATE (dd, mm, yyyy): _____

DATE OF BAR/BAT MITZVAH(dd, mm, yyyy): _____

ENGLISH NAME: _____

HEBREW NAME: _____

BIRTH DATE (dd, mm, yyyy): _____

DATE OF BAR/BAT MITZVAH(dd, mm, yyyy): _____

YAHREZEITS

ENGLISH NAME: _____

HEBREW NAME: _____

RELATIONSHIP: _____ DATE of DEATH: _____ TIME: _____

ENGLISH NAME: _____

HEBREW NAME: _____

RELATIONSHIP: _____ DATE of DEATH: _____ TIME: _____

ENGLISH NAME: _____

HEBREW NAME: _____

RELATIONSHIP: _____ DATE of DEATH: _____ TIME: _____

ENGLISH NAME: _____

HEBREW NAME: _____

RELATIONSHIP: _____ DATE of DEATH: _____ TIME: _____

ENGLISH NAME: _____

HEBREW NAME: _____

RELATIONSHIP: _____ DATE of DEATH: _____ TIME: _____

Please fill in fully and return promptly to the office: