



Beth Israel Congregation
116 Centre Street
Kingston, Ont.
K7I 4E6

MEMBERSHIP APPLICATION FORM

Date: _____

ADULT 1

LAST NAME: _____ FIRST NAME: _____

MAIDEN NAME: (IF APPLICABLE) _____

PREFERRED TITLE: (Mr. Mrs. Ms. Dr.etc.) _____

BIRTH DATE (dd/mm/yyyy): ___/___/_____

ARE YOU JEWISH? YES ___ NO ___

KOHEN: LEVI: YISRAEL: (check one)

HEBREW NAME: _____

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

(Mother's Hebrew Name): _____

HOME ADDRESS: _____ MAILING ADDRESS: _____

HOME TEL.NO: _____

CELL NO: _____

Email ADDRESS: _____

OCCUPATION: _____

PLACE OF WORK/ADDRESS: _____

BUSINESS PHONE: _____

MARITAL STATUS: _____

NAME OF SPOUSE: _____

WEDDING DATE (dd/mm/yyyy): ___/___/_____

NEXT OF KIN: NAME: _____

RELATION: _____

ADDRESS: _____

PHONE NO: _____



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ADULT 2

LAST NAME: _____ FIRST NAME: _____

MAIDEN NAME: (IF APPLICABLE) _____

PREFERRED TITLE: (Mr. Mrs. Ms. Dr.etc.) _____

BIRTH DATE (dd/mm/yyyy): ___/___/_____

ARE YOU JEWISH? YES ____ NO ____

KOHEN: LEVI: YISRAEL: (check one)

HEBREW NAME: _____

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

(Mother's Hebrew Name): _____

HOME ADDRESS: _____ MAILING ADDRESS: _____

HOME TEL.NO: _____

CELL NO: _____

Email ADDRESS: _____

OCCUPATION: _____

PLACE OF WORK/ADDRESS: _____

BUSINESS PHONE: _____

MARITAL STATUS: _____

NAME OF SPOUSE: _____

WEDDING DATE (dd/mm/yyyy): ___/___/_____

NEXT OF KIN: NAME: _____

RELATION: _____

ADDRESS: _____

PHONE NO: _____



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FAMILY INFORMATION:

CHILD 1

ENGLISH NAME: _____

IS THE CHILD JEWISH: YES ____ NO ____

HEBREW NAME: _____

BIRTH DATE (dd/mm/yyyy): ___/___/_____

SCHOOL: _____ GRADE: ____

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

DOES THE CHILD RESIDE AT HOME: YES ____ NO ____

CHILD 2

ENGLISH NAME: _____

IS THE CHILD JEWISH: YES ____ NO ____

HEBREW NAME: _____

BIRTH DATE (dd/mm/yyyy): ___/___/_____

SCHOOL: _____ GRADE: ____

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

DOES THE CHILD RESIDE AT HOME: YES ____ NO ____

CHILD 3

ENGLISH NAME: _____

IS THE CHILD JEWISH: YES ____ NO ____

HEBREW NAME: _____

BIRTH DATE (dd/mm/yyyy): ___/___/_____

SCHOOL: _____ GRADE: ____

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

DOES THE CHILD RESIDE AT HOME: YES ____ NO ____



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FAMILY INFORMATION:

CHILD 4

ENGLISH NAME: _____

IS THE CHILD JEWISH: YES ____ NO ____

HEBREW NAME: _____

BIRTH DATE (dd/mm/yyyy): ___/___/_____

SCHOOL: _____ GRADE: ____

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

DOES THE CHILD RESIDE AT HOME: YES ____ NO ____

Is there any other information about you and your family that you would like to add:



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Yahrzeits

PERSON 1 OF BLESSED MEMORY:

ENGLISH NAME: _____ HEBREW NAME: _____
RELATIONSHIP: _____ DATE OF DEATH: _____

PERSON 2 OF BLESSED MEMORY:

ENGLISH NAME: _____ HEBREW NAME: _____
RELATIONSHIP: _____ DATE OF DEATH: _____

PERSON 3 OF BLESSED MEMORY:

ENGLISH NAME: _____ HEBREW NAME: _____
RELATIONSHIP: _____ DATE OF DEATH: _____

PERSON 4 OF BLESSED MEMORY:

ENGLISH NAME: _____ HEBREW NAME: _____
RELATIONSHIP: _____ DATE OF DEATH: _____

PERSON 5 OF BLESSED MEMORY:

ENGLISH NAME: _____ HEBREW NAME: _____
RELATIONSHIP: _____ DATE OF DEATH: _____