

The personal information on this application will be used by Congregation Beth Tefilah for determining eligibility for membership, contacting you and tracking family and life-cycle events. Unless we are required by law to divulge this information, we will not share or give it to people outside the congregation or to other organizations without your permission.

 **Congregation Beth Tefilah** 

1210 ADELAIDE STREET, NORTH • LONDON, ONTARIO N5Y 4T6 • TELEPHONE 433-7081

MEMBERSHIP APPLICATION (PLEASE PRINT)

(I) Last Name: _____

Address: _____

Res. Phone: _____ Fax: _____ E-Mail: _____

Applicant Business Address: _____

Bus. Phone: _____ Fax: _____ E-Mail: _____

Spouse Business Address: _____

Bus. Phone: _____ Fax: _____ E-Mail: _____

(II) Given Names: English Hebrew Name and Hebrew Names of Father & Mother

Applicant _____

Spouse _____

(III) Children English Hebrew Name Date of Birth School
(Year / Month / Day) Attending

(IV) Are all members of the family Jewish by birth? YES___ NO___

Is this the first marriage for both partners? YES___ NO___

If you have answered "no" to either of the above questions please supply details overleaf.

(V) Please enter my application as: Full membership **OR** Associate Membership

Signature _____ Date _____

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Office Use:

Approved: _____ Date _____ Approved: _____ Date _____

Eliezer Gurkow
Rabbi, Congregation Beth Tefilah

Manny Friedman
Membership Chair