



## Member Application Form

190 Church St., St. Catharines, ON, L2R 4C4  
phone: (905) 685 6767 fax: (905) 685 3100  
office@jewishstcatharines.com



We are very pleased that you are applying to join Congregation B'nai Israel Synagogue (CBI). The data you share with us is used for CBI purposes only and will remain confidential.

Upon completion, please mail, bring in, or send this form by email to the above address.

Application Date:

Family Name:

Home Phone Number:

Street Address:

Apartment Number:

P.O. Box:

City:

Province:

Postal Code:

Marital Status:

Date of marriage (if applicable):

### Type of Membership Requested:

Full Membership  Associate Membership  Student Membership

\* Associate membership applies only when the applicant is a member of another synagogue more than 50 kms from St. Catharines, considers the other as one's main synagogue, and does not own or rent a residence in the Niagara region.

\*\* Student membership applies to an individual attending a post-secondary educational institution

How did you hear about CBI?

**Member 1**

Full Name:

Date of Birth: d/m/y

Occupation:

Jewish by birth  Yes  No  
By conversion  Yes  No

Other cultural affiliation:

Phone numbers

Work:

Cell:

Email:

Hebrew Names

Applicant:

Father:

Mother:

What is important to you about Synagogue membership?

**Member 2**

Full Name:

Date of Birth: d/m/y

Occupation:

Jewish by birth  Yes  No  
By conversion  Yes  No

Other cultural affiliation:

Phone numbers

Work:

Cell:

Email:

Hebrew Names

Applicant:

Father:

Mother:

What is important to you about Synagogue membership?

Unmarried dependants under the age of 26:

English Name	Hebrew Name	Date of birth d/m/y	Jewish education if applicable

THE UNDERSIGNED HEREBY:

- a) Apply for membership in Congregation B'nai Israel
- b) Agree that the application for membership is subject to approval and acceptance by the Board of Governors of Congregation B'nai Israel
- c) Agree, if accepted to membership in Congregation B'nai Israel to:
  - a. Jointly and severally pay all dues and assessments of the Synagogue as they may from time to time be determined.
  - b. Comply with and abide by the Constitution, Bylaw and Rules of the Synagogue as duly enacted or which may hereafter be in force
- d) State that the information contained in this application is correct.

Signature of Applicant(s):

(if filling out online please type your name in the space provided)

Member 1:  Member 2:

## Yahrzeit Information

Please list the names of those Yahrzeits you wish to be reminded of

If unknown at the time of application this information can be provided later

1. Last Name:  English First Name:

Relationship to members:

ben/bat    
(Hebrew Name) (son/daughter of) (Father's and Mother's first names)

Date of Death d/m/y  Jewish date of Death

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2. Last Name:  English First Name:

Relationship to members:

ben/bat    
(Hebrew Name) (son/daughter of) (Father's and Mother's first names)

Date of Death d/m/y  Jewish date of Death

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3. Last Name:  English First Name:

Relationship to members:

ben/bat    
(Hebrew Name) (son/daughter of) (Father's and Mother's first names)

Date of Death d/m/y  Jewish date of Death

4. Last Name:  English First Name:

Relationship to members:

ben/bat    
(Hebrew Name) (son/daughter of) (Father's and Mother's first names)

Date of Death d/m/y  Jewish date of Death

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5. Last Name:  English First Name:

Relationship to members:

ben/bat    
(Hebrew Name) (son/daughter of) (Father's and Mother's first names)

Date of Death d/m/y  Jewish date of Death

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6. Last Name:  English First Name:

Relationship to members:

ben/bat    
(Hebrew Name) (son/daughter of) (Father's and Mother's first names)

Date of Death d/m/y  Jewish date of Death

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